

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rural</b> <u>1020</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth H.</b>		Length of stay in lb <b>I Day</b>	d. STREET ADDRESS (If outside, give location) <b>Salt River Twsp.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Edward</b> Last <b>Dempsey</b>			4. DATE OF DEATH <b>March 22, 1956</b> Month <b>March</b> Day <b>22</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 17, 1878</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>77</b> Days <b>77</b> Hours <b>77</b> Min. <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (City and state or country) <b>Shelby County, Mo.</b>	
13. FATHER'S NAME <b>Hugh Dempsey</b>			14. MOTHER'S MAIDEN NAME <b>Martha Jane Baker</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492 42 6287</b>		17. INFORMANT <b>RFD Mrs. Chas. Dempsey, Shelbina, Mo.</b> Address <b>RFD</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). <b>Shock</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>hemorrhage</b>		<b>2 mo.</b>
	DUE TO (c) <b>thrombocytopenia</b>		<b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>None</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>296x</b>		
20c. TIME OF INJURY. Hour <b>8:30</b> Month <b>Mar</b> Day <b>15</b> Year <b>1956</b> a. m. <b>p. m.</b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Shelbina, Mo.</b>		COUNTY <b>Shelby</b>	STATE <b>Missouri</b>

21. I attended the deceased from March 15 to March 22 and last saw <sup>her</sup> ~~him~~ alive on Mar 22  
Death occurred at 8:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Chas. A. Richter, MD** 22b. ADDRESS **Shelbina, Mo.** 22c. DATE SIGNED **3/25/56**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **March 26, '56** 23c. NAME OF CEMETERY OR CREMATORY **Catholic Cemetery** 23d. LOCATION (City, town, or county) (State) **Shelbina, Missouri**

24. FUNERAL DIRECTOR **E. Hayes** ADDRESS **Shelbina, Mo.** 25. DATE RECD. BY LOCAL REG. **3-28-56** 26. REGISTRAR'S SIGNATURE **Dr. E. M. Lucke By W. C. Fisher**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED APR 3 1956

MARION CO. HEALTH DEPT.

DATE FILED APR 3 1956

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Paul E. Hayes*  
Licensed Embalmer No.....

P. O. Address..... Shelbin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.