

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008923

Health,
Welfare
Public
Service

300
-57

Registration District No. 107 Primary Registration District No. 3019 STATE FILE NUMBER Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett Mo.</u>		c. CITY OR TOWN <u>Kennett Mo.</u> <u>0.3.52</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>310 Commercial</u>		d. STREET ADDRESS (If outside, give location) <u>310 Commercial</u>	
Length of stay in 1b <u>7 Years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle _____ Last <u>Dempsey</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>9-</u> Year <u>1959</u>			
--	--	--	--	--	--	--

5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 10- 1882</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>		IF UNDER 24 HRS Hours _____ Min. _____	
--------------------	--	---------------------------------	--	---	--	--	--	---	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and state or country) <u>Augusta Georgia</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
---	--	--	--	--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Samuel Dempsey</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Brooks</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Dempsey</u>		
---	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or at unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>498-24-3806</u>		17. INFORMANT <u>Martha Dempsey</u>		Address <u>310 Commercial</u>		<u>Kennett, Mo.</u>	
---	--	---	--	--	--	----------------------------------	--	---------------------	--

18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cortic Insufficiency</u>								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.		DUE TO (b) <u>Congenital Syphilis</u>							
		DUE TO (c)							

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>023X</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)						
---	--	--	--	--	--	--	--	--	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____									
---	--	--	--	--	--	--	--	--	--

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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		COUNTY		STATE	
---	--	--	--	--	------------------------------	--	--------	--	-------	--

21. I attended the deceased from <u>March 5, 1959</u> to <u>March 5, 1959</u> and last saw him alive on <u>March 5, 1959</u> . Death occurred at <u>9.14 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.										
--	--	--	--	--	--	--	--	--	--	--

22a. SIGNATURE <u>Joseph P. ... M.D.</u> (Degree or title)					22b. ADDRESS <u>Kennett Mo.</u>			22c. DATE SIGNED <u>3-12-59</u>		
--	--	--	--	--	------------------------------------	--	--	------------------------------------	--	--

23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE <u>3-15-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
---	--	-----------------------------	--	---	--	--	---	--

24. FUNERAL DIRECTOR <u>Lentz Service</u>			ADDRESS <u>Kennett Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-13-1959</u>		26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>			
--	--	--	-------------------------------	--	--	--	--	--	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

COUNTY FILE NUMBER 359-80

OCT 28 1959

STATEMENT BY LICENSED EMBALMER

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

Student Signature of Student Embalmer

Signed *Edgar Lee Stand*

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.