

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017676

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2177

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Osteopathic Hospital</i>		Length of stay in lb. <i>30 years</i>	d. STREET ADDRESS (If outside, give location) <i>2603 Laven</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>THOMAS BENTON DEMPSEY</i>			4. DATE OF DEATH Month Day Year <i>May 19 1959</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 6 1881</i>		9. AGE (In years last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Stationary Engineer</i>		11. BIRTHPLACE (City and state or country) <i>Knightsville Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John F. Dempsey</i>		13b. MOTHER'S MAIDEN NAME <i>Matha Mason</i>		14. NAME OF HUSBAND OR WIFE <i>Elmira Dempsey</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>499-07-3216</i>		17. INFORMANT Address <i>Emerald Dempsey 503 Gladstone Ill.</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Interosclerotic Coronary Artery Disease</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic Cholelithiasis</i>		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.		

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	COUNTY	STATE
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21. I attended the deceased from *1950* to *May 19, 1959* and last saw her/him alive on *May 18, 1959*  
Death occurred at *12:45 A.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>John E. Linville D.O.</i>	22b. ADDRESS <i>25 East 12th, K.C. Mo</i>	22c. DATE SIGNED <i>May 19 1959</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 21, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
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24. FUNERAL DIRECTOR <i>Kiebs Funeral Home 2315 Penwood</i>	25. DATE RECD. BY LOCAL REG. <i>5-19-59</i>	26. REGISTRAR'S SIGNATURE <i>Neve Minshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John E. Linville

MEDICAL CERTIFICATION

*Dr. John Penwiller*

*25 E. 12th*

*1 P.M.*

*612 Oak 12/11*

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 *Chas E Wilks* .....

Licensed Embalmer No. *2644* .....

P. O. Address *H. E. M. O.* .....

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.