

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0026857

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

186

FILED JUL 31 1967

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Clinton

Length of stay in 1b

11 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Jolly Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Clair

c. CITY OR TOWN

Lowry City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Hugh

Middle

Wilson

Last

Dempsey

4. DATE OF DEATH

Month

7

Day

25

Year

1967

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☒

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

1-17-1879

88

9. AGE (last birthday)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

Henry County

11. BIRTHPLACE (City and state or country)

U.S.A.

13a. FATHER'S NAME

John Dempsey

13b. MOTHER'S MAIDEN NAME

Belle Parks

14. NAME OF HUSBAND OR WIFE

Lana Dempsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or (unknown)) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

495-40-7193A

17. INFORMANT

Lana Dempsey Lowry City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebrovascular Arteriosclerosis

5 yrs

DUE TO (c)

Prostatic Carcinoma

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

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 WORK

NOT WHILE AT WORK ☐

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 10-9-62 to 7-25-67 and last saw her alive on 7/25/67

Death occurred at 11:07 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W.D. Bradshaw, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

7-27-67

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-28-67

23c. NAME OF CEMETERY OR CREMATORY

Lowry City Cemetery

23d. LOCATION (City, town, or county)

St. Clair County

STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Goodrich Funeral Home Osceola, Mo.

25. DATE RECD. BY LOCAL REG.

July 27, 1967

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300

Rev. 4/59

0425

0930

3

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9331XH

10

11

12 86-0

13 1-0

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

Paul J. Ventone

Licensed Embalmer No.

3990

P. O. Address

Osceola 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.