

124 68 0036562

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 218

DO NOT WRITE ON THIS STUB

9. 0
10a. 72
10b. 2
11. 9
12. 1
13. 1538
14. 4
15. 60080
16. 2
17. 2
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>WILLIAM</u>		<u>C.</u>	<u>DEMPSEY</u>	<u>MALE</u>	3. <u>Sept. 22, 1968</u>			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. <u>White</u>		5a. <u>72</u>	5b. <u>10 9</u>		6. <u>Nov. 13, 1905</u>		7a. <u>Henry Co.</u>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7a. <u>Missouri CLINTON</u>		7c. <u>yes</u>		7b. <u>Wetzel Hospital, Clinton, Missouri.</u>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <u>Dent County, Mo.</u>		9. <u>U.S.A.</u>		10. <u>Married</u>		11. <u>Mae Alice Dempsey</u>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. <u>702-09--7900</u>		13a. <u>Railroad retired</u>		13b. <u>Steam Fitter</u>				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER			
14a. <u>MISSOURI</u>		14b. <u>BENTON</u>	14c. <u>WARSAW</u>		14d. <u>YES</u>			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. <u>Harrison</u>				<u>Dempsey</u>	16. <u>unknown</u>			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17. <u>Mae Alice Dempsey</u>				18. <u>Warsaw, Missouri.</u>				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
19. IMMEDIATE CAUSE		(a) <u>Medullary polyp</u>					<u>minutes</u>	
DUE TO, OR AS A CONSEQUENCE OF:		(b) <u>Carcinoma brain</u>					<u>undef.</u>	
DUE TO, OR AS A CONSEQUENCE OF:		(c) <u>Primary adenocarcinoma Colon</u>					<u>undef.</u>	
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a. <u>NO</u>	
		<u>Px—med. of surgery</u>					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. <u>NO</u>		20b. <u>NO</u>		20c. <u>NO</u>		20d. <u>NO</u>		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
21a. <u>NO</u>		21b. <u>NO</u>		21c. <u>NO</u>				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
21. I ATTENDED THE DECEASED FROM		<u>9/10/68</u>			<u>9/22/68</u>			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
		22a. <u>9 22</u>		22b. <u>9 22 1968</u>		22c. <u>6:50 A.M.</u>		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u>James C Clouse</u>		23b. <u>James C Clouse D.</u>		23c. <u>9/23/68</u>				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23a. <u>105 E. Ohio St.</u>		23b. <u>Clinton</u>		23c. <u>Mo.</u>		23d. <u>64735</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORIUM—NAME		LOCATION (CITY OR TOWN, STATE)				
24a. <u>Burial</u>		24b. <u>Englewood Cemetery</u>		24c. <u>Clinton, Henry Co. Mo.</u>				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
25a. <u>Sept. 24, 1968</u>		25b. <u>Reser Funeral Home, Warsaw, Mo. 65358</u>						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. <u>John F Reser</u>		25b. <u>Mildred Bigum</u>		25c. <u>9-24-68</u>				

Type or print in PERMANENT BLACK INK. See handbook for instructions.

8961 8 100
OCT 8 1968

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 Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

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