

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32139**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4464** Registrar's No. **2372**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrian	
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. CITY (If outside corporate limits, write RURAL and give township) Vandalia	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 413-N-Jefferson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8916-Windom Avenue			

3. NAME OF DECEASED (Type or Print) Kate E Dempsey	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Sept 29, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1868	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR	IF UNDER 2 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Audrian County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Curtis P. Gay	13b. MOTHER'S MAIDEN NAME Katherine Holmes	14. NAME OF HUSBAND OR WIFE William H. Dempsey
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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. None	17. INFORMANT'S SIGNATURE OR NAME William H. Dempsey	ADDRESS 8916-Windom Overland, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the breast		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			15 2X

19a. DATE OF OPERATION Apr 25, 1948	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 25, 1950** to **Sept. 29, 1950** that I last saw the deceased alive on **Sept. 24, 1950** and that death occurred at **4 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Finley M.D. (Degree or title)	23b. ADDRESS 1435 Rockwood	23c. DATE SIGNED 10-2-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-1-1950	24c. NAME OF CEMETERY OR CREMATORY Salt River Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Mo. Motor
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DATE REC'D BY LOCAL REG. 10-2-50	REGISTRAR'S SIGNATURE J. R. Romke M.D./M.B.	25. FUNERAL DIRECTOR'S SIGNATURE Blumrain Bros. Inc.	ADDRESS 2504-Woodson Rd - Overland-14-Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3456

P. O. Address Overland 14, 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 this body is not embalmed, fact should be so stated above.