

Health,  
& Welfare  
Public  
63  
S. 300  
1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027911  
STATE FILE NUMBER

FILED AUG 15 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 452

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Sikeston</b> 10030 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Comm.</b>		Length of stay in lb <b>1 day.</b>	d. STREET ADDRESS (If outside, give location) <b>408 Virginia St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>K.</b> Last <b>Sempey</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>7</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 8, 1864</b>
9a. USUAL OCCUPATION (Give kind of work done during most of the year. If retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>94</b> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
<b>housewife</b>		<b>—</b>	11. BIRTHPLACE (City and state or country) <b>Belfast, Ireland</b>
13a. FATHER'S NAME <b>William Kane</b>		13b. MOTHER'S MAIDEN NAME <b>—</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>no</b> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>—</b>	14. NAME OF HUSBAND OR WIFE <b>John Sempey</b>
17. INFORMANT <b>Wm. K. Sempey</b>		Address <b>Sikeston, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cardiac decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized arteriosclerosis.</b> DUE TO (c) <b>4500</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <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	
21. I attended the deceased from <b>8-6-58</b> , to <b>8-7-58</b> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>E.D. Urban, M.D.</b>	
22b. ADDRESS <b>Sikeston</b>		22c. DATE SIGNED <b>8-9-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>8/12/58</b>	<b>Olivet Memorial Park</b>	<b>Colma, California</b>
24. FUNERAL DIRECTOR <b>McMikie Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>8-8-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

290

DATE RECEIVED 8-11-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 858-198

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 Alvin McVible .....

Licensed Embalmer No. 4696 .....  
P. O. Address East Branch .....

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.