

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1-13044  
Registrar's No. 76

FILED MAY 1 1948

Registration District No. 38

Primary Registration District No. 5572

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Emergency Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 min.  
(Specify whether years, months or days)

In this community 19 years

**3: (a) PRINT FULL NAME** LIDA THITHA LEMLEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jack Lemley

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 2 1866  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>9</u>	hr. min.

9. Birthplace Pitts County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Pat Thather

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Stark

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Lemley  
(b) Address R R # 4 Independence, Mo.

17. (a) Burial (b) Date thereof 4 13 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem. Indep. Mo

18. (a) Signature of funeral director Geo. C. Carson  
(b) Address Independence, Missouri.

19. (a) April 13, 1948 (b) Donald C. Emswiler  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 4  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 10  
year 1948 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Not previously to 1948  
that I last saw her alive on 10 April 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions Hypertension  
(Include pregnancy within 6 months of death)

Pneumonia

Major findings:  
Of operations

Of autopsy 940

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. Emswiler (M. D. or other)  
Address Indep. Date signed 4/13/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

Tom D. Markland....., Registered Apprentice No. 40.....

working under my personal supervision.

Signed Lloyd C. Cannon.....

Licensed Embalmer No. 4199.....

P. O. Address Independence, 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.**