National Office of Vital Statistics
FILED MAY 31 1949
Registration District No. 1

STANDARD CERTIFICATE OF DEATH
DELAYED

Primary Registration District No. 3025

State File No. 42959
Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution West Plains Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Koshkonong
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Grace E. Lemley
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Milo C. Lemley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 12 (Day) 1878 (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Richland (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name William F. Walker
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mary Stone
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Gwenlyn Woodford
(b) Address Koshkonong, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Koshkonong Cem.
18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.
19. (a) 6-6-49 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from 10/28 1948, to 10/30 1948; that I last saw her alive on 10/30 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Thrombosis	3 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 4201	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Maurice Thompson (M. D. or other) MD
Address West Plains Mo Date signed 4/29/49

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)
Thompson

RECEIVED 5/9/49
District Health Officer No. 8
District File Number 549353
Date Filed 5/28/49

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 ....., Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June 50

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 3021 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plain
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): E
c. (Last): Lemley

4. DATE OF DEATH (Month) (Day) (Year): 10-30-48

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid
8. DATE OF BIRTH: 11-12-78
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 1 DAY: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 6-6-49
REGISTRAR'S SIGNATURE: Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS:

SUPPLEMENTAL

S-42959