

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27589

BIRTH NO. 16866-49 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Little Prairie</u>) c. LENGTH OF STAY (in this place) <u>6 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Caruthersville Mo. Rt. 10</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Caruthersville Mo. Rt. 1</u>		d. STREET ADDRESS (If rural, give location) <u>Little Prairie Twp. Caruthersville Mo. Rt. 1</u>	

3. NAME OF DECEASED (Type or Print) Roy Franklin Lemonds
a. (First) b. (Middle) / c. (Last)
4. DATE OF DEATH August 7 1949 (Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 8. DATE OF BIRTH Feb. 28, 1949 9. AGE (In years last birthday) 6 IF UNDER 1 YEAR Months 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X 10b. KIND OF BUSINESS OR INDUSTRY X 11. BIRTHPLACE (State or foreign country) Caruthersville Mo. Rt. 1 12. CITIZEN OF WHAT COUNTRY? X

13a. FATHER'S NAME Lexie Ray Lemonds 13b. MOTHER'S MAIDEN NAME Gladys Totty 14. NAME OF HUSBAND OR WIFE X

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. X 17. INFORMANT'S SIGNATURE OR NAME Lexie Ray Lemonds ADDRESS C'ville Rt. 1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro enteritis INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Organism not determined
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Mal Nutrition
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mal Nutrition

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) (Min.) 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 July 31, 1949, to Aug. 7, 1949, that I last saw the deceased alive on Aug. 7, 1949, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. J. Cain M.D. 23b. ADDRESS Caruthersville Mo 8/7/49 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 8, 1949 24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery 24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.

DATE REC'D BY LOCAL REG. Aug. 15, 1949 REGISTRAR'S SIGNATURE Jessie B. Wilke 25. FUNERAL DIRECTOR'S SIGNATURE William D. Tike ADDRESS Caruthersville
(Licensed Embalmer's Statement on Reverse Side)

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

8-49-231

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 _____

Body Was Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

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.