

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29912
876
Registrar's No.

BIRTH MO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arizona</u> b. COUNTY <u>Maricopa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Phoenix</u>	
c. LENGTH OF STAY (If in place) <u>10 days</u>		999	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>3306 N. 15th St.</u>	

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Simpson</u> c. (Last) <u>Lemmon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 1 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 27, 1904</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKING CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRANSPORTATION</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles B. Lemmon</u>	13b. MOTHER'S MAIDEN NAME <u>Dollie Chittum</u>	14. NAME OF HUSBAND OR WIFE <u>Geneva Lemmon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geneva Lemmon</u> ADDRESS <u>Walnut Grove Mo.</u>
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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 <u>12 mos.</u> <u>1/2 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, lungs and mediastinum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchogenic carcinoma, right lung.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____	

19a. DATE OF OPERATION _____	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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1 Aug, 1949, to 1 Oct, 1949, that I last saw the deceased alive on 1 Oct, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William W. Wood III MD</u>	23b. ADDRESS <u>500 Halland Rd Springfield, Mo 30ct '49</u>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Turkey Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Polk County Mo.</u>
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DATE REC'D BY LOCAL REP. <u>10-4-49</u>	REGISTRAR'S SIGNATURE <u>W. H. Stanley III</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Stanley III</u> ADDRESS <u>Brim Funeral Service Walnut Grove Mo</u>
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(Litho and Embossed Statement on Reverse Side)

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

JAN 17 1954

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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.

Signed Warren D. Hoblett

Signed.....
Student Embalmer

Licensed Embalmer No. 4205

P. O. Address Ch. Grove 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.