

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12020**

Registrar's No. **529**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 529			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Buchanan		b. STATE Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		d. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 33 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		d. STREET ADDRESS (If rural, give location) 222 West Antoine Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION 222 West Antoine Street				d. STREET ADDRESS (If rural, give location) 222 West Antoine Street					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)						
a. (First) Clyde		b. (Middle) Eugene		c. (Last) Lemon		April 29, 1950			
5. SEX Male <i>0</i>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 14, 1878			
9. AGE (In years, last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Candy Maker			10b. KIND OF BUSINESS OR INDUSTRY Candy Co.			11. BIRTHPLACE (State or foreign country) Eastport, Iowa.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gertie Lemon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertie Lemon		ADDRESS St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis						Interval 4 1/2	
		ANCECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Due to (b) Natural lesion of long standing							
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Permissive anemia						9 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from April 29, 1950, to April 29, 1950, that I last saw the deceased alive on April 29, 1950, and that death occurred at 8:45 m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Leslie Beckman</i>				23b. ADDRESS Henry Hill Bldg. St. Joseph, Mo.				23c. DATE SIGNED May 1-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
DATE REC'D BY LOCAL REG. May 4, 1950		REGISTRAR'S SIGNATURE <i>C. L. Jenkins</i>		382		TUNERAL DIRECTOR'S SIGNATURE <i>Thatter Meierhoffer</i>		ADDRESS 1946 Colhoun St. St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0117

0117

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 _____

Albert C. Harrington

Signed _____

Student Embalmer

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.