

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **178045**

FILED JUN 6 1950

5861

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY PUTNAM		c. LENGTH OF STAY (in this place) 21 YEARS		a. STATE MISSOURI		b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		d. STREET ADDRESS 0		0861	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) LEE	b. (Middle)	c. (Last) LEMEN	Month MAY	Day 23	Year 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 28 1880		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roadwork		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) SULLIVAN COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN T. LEMEN			13b. MOTHER'S MAIDEN NAME ELIZABETH DAILY		14. NAME OF HUSBAND OR WIFE LIZZIE LEMEN		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HYLE LEMEN UNIONVILLE, MO.			
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, asphyxia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Glomerular insufficiency					
		DUE TO (c) Chronic myocarditis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					11221
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 Oct. 28, 1944 , to May 24, 1950 , that I last saw the deceased alive on May 19, 1950 , and that death occurred at 8:00 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. W. McDonald Doct			23b. ADDRESS Unionville, Mo. 645			23c. DATE SIGNED May 25, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 25 1950	24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) UNIONVILLE MISSOURI		
DATE REC'D BY LOCAL REG. 6-3-1950		REGISTRAR'S SIGNATURE Marvell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE By J. W. Comstock		ADDRESS UNIONVILLE, MO	

RECEIVED JUN 5 1950
District Health Officer No. 10
District File Number 6-50-9
Date Filed

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.

Student
Student Embalmer

Signed *James W Comstock*
Licensed Embalmer No. *4197*
P. O. Address *Unionville, 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.