

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30825**
Registrar's No. **400**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 226 N. Joplin	

3. NAME OF DECEASED (Type or Print) a. (First) CHAS b. (Middle) A c. (Last) LEMMONS			4. DATE OF DEATH (Month) (Day) (Year) 9-10-50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 27-1879	9. AGE (In years last birthday) Months Days 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor R.W. Express			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Galena Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Ziti Lemmon		13b. MOTHER'S MAIDEN NAME Alice Sherwin		14. NAME OF HUSBAND OR WIFE Nora Lemmons	
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. No		17. INFORMANT'S SIGNATURE OR NAME 331X	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week	
		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.			

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)		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 **9-4, 1950** to **9-10, 1950**, that I last saw the deceased alive on **9-10, 1950**, and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.H. Hamilton, M.D.		23b. ADDRESS Joplin mo		23c. DATE SIGNED 9-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) n		24b. DATE 9-13-50		24c. NAME OF CEMETERY OR CREMATORY OZARK MEM PARK JOPLIN MO	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 9-14-50		REGISTRAR'S SIGNATURE Eds. Langer 138		25. FUNERAL DIRECTOR'S SIGNATURE HURLBUR GLOVER MORTUARY	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Hamilton 7-1-50

0495

RECEIVED 9-19-50
Jasper County Health Office

County File Number 50-8-682

Date Filed 9-21-50

OCT 17 1950

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. 372

working under my personal supervision.

Student Ernest H. Hicks
Student Embalmer

Signed Jerry K. Huelbeck

Licensed Embalmer No. 959

P. O. Address Jasper 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.