

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31189**

0730
3

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

BIRTH NO. _____		REG. DIST. NO. <u>246</u>		PRIMARY REG. DIST. NO. <u>5025</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Shoal Creek Drive</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		1		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Shoal Creek Drive So. of Joplin,</u>				d. STREET ADDRESS (If rural, give location) <u>1330 1/2 Penn. Street.,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MANVILLE</u> b. (Middle) <u>ORIE</u> c. (Last) <u>LEMASTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 31, 1950</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>April 21, 1898</u>		
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Newton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Charles Edward Lemaster</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hogle</u>			14. NAME OF HUSBAND OR WIFE <u>Lulah Lemaster,</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>443-09-9905</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lulah Lemaster 1330 1/2 Penn St., Joplin, Mo</u>				
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) <u>GUN SHOT WOUND IN BACK OF HEAD, WITH 12 GA. SHOT GUN</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>2 9/10 X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>PUBLIC PARK</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEAR JOPLIN IN NEWTON CO. MISSOURI</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-31-50 6 P. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SELF INFLICTED GUN SHOT WOUND.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Corley Thompson</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Neosho Missouri</u>		23c. DATE SIGNED <u>8-31-'50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-7-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mort., Joplin, Mo</u>				

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RECEIVED

District Health Officer No. NEWTON, COUNTY HEALTH DEPT.

District File Number 950-185

Date Filed SEP 12 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. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Charles E. Frey

Licensed Embalmer No. 4768 J

P. O. Address Joplin, 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.