

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40832

State File No. \_\_\_\_\_

5550

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>76 years</u>		d. STREET ADDRESS (If rural, give location) <u>2516 CLEVELAND AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>MOSES</u>	c. (Last) <u>LEMMONS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-30-1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 10-1872</u>	9. AGE (In years last birthday) <u>79</u> 78	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BRICK MASON</u>	11. BIRTHPLACE (State or foreign country) <u>Louisville Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES LEMMONS</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN CASTEL</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. HATTIE B. LEMMONS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS AM WEAVER</u>	ADDRESS <u>2516 Cleveland</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>4 1/2</u> X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy - Post-Operative</u> DUE TO (c) <u>Fractured Patella - death after removal of a leg cast</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>12-14-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, motor, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-3-50</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fall down a step, hitting knee on sidewalk</u>
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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 10:40A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>T.E. McMillan</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1819 Prof. Blvd</u>	23c. DATE SIGNED <u>12-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-3-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-31-50</u>	REGISTRAR'S SIGNATURE <u>Marshall Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.M. Newcomer</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2-9-30

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Deane L. Daniel*

Signed.....

Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, 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.