

FILED MAR. 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25870

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) Most of life		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		0117 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1905 N. 22nd Street				d. STREET ADDRESS (If rural, give location) 1905 N. 22nd Street			
3. NAME OF DECEASED (Type or Print) Mabel		a. (First)		b. (Middle) Bartlett		c. (Last) Lemon	
4. DATE OF DEATH March 3, 1951.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 29, 1883		9. AGE (In years) 68	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME D. L. Bartlett		13b. MOTHER'S MAIDEN NAME Luna Pilhouton Pilketon	
14. NAME OF HUSBAND OR WIFE Hal Y. Lemon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hal Y. Lemon	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 15 min.	
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arteriosclerosis 5 yrs	
						DUE TO (c) Essential hypertension 5 yrs	
		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4/201 4/4/51	
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) (m.)		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 3/3, 1951, to 3/3, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00P m., from the causes and on the date stated above.							
23a. SIGNATURE <i>J. H. Carpenter</i>				23b. ADDRESS 902 Edmund St		23c. DATE SIGNED 3/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Mar. 6, 1951.		24c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons.		24d. LOCATION (City, town, or county) (State) St. Kansas City, Missouri.	
DATE REC'D BY LOCAL REG. Mar 6, 1951		REGISTRAR'S SIGNATURE <i>Carl C. Casale</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Munkoff</i>		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Raymond P. Morehead

Licensed Embalmer No. 4413 Missouri.

Signed.....*** ****
Student Embalmer

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.