

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

7334

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bellflower</u>	
c. LENGTH OF STAY (in this place) <u>5</u> days		d. STREET ADDRESS (If rural, give location) <u>!</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>Monroe</u>	c. (Last) <u>Lemmon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1951</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>Single</u>	8. DATE OF BIRTH <u>Feb. 26, 1876</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>3</u>	11. UNDER 14 HRS. Hours <u>!</u> Min. <u>!</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harness maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Harness shop</u>	11. BIRTHPLACE (State or foreign country) <u>Truxton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Monroe Lemmon</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Ann Jennings</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Arnold</u>	ADDRESS <u>Bellflower, Missouri</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left side</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of free and neck</u> DUE TO (c) <u>Malnutrition</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sunlit</u>		<u>191x</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 27, 1951, to Jan 29, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 12:45 pm. from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Shulchke M.D.</u>	(Degree or title)	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>Jan 31, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bellflower, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-6-51</u>	REGISTRAR'S SIGNATURE <u>Lloyd Logan</u>	421	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schlanke Mortuary</u>	ADDRESS <u>Montgomery City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

1090
4

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 17 1951

RECEIVED

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 _____
Student Embalmer

Signed *E. Boone Schanks*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, Md.*

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.