

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11401

State File No.

FILED MAR 26 1951

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6280 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hart Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Brush Creek Twp.</u>	
c. LENGTH OF STAY (in this place) <u>18 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles North Hartville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Darrell</u>		b. (Middle) <u>Ray</u>	
c. (Last) <u>Lemons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 1951</u>	
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>8-13-1932</u>
9. AGE (In years last birthday) <u>18</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u>27</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm hand</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hartville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Elmer Lemons</u>	
13b. MOTHER'S MAIDEN NAME <u>Gertie Davidson</u>		14. NAME OF HUSBAND OR WIFE	
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>Elmer Lemons Hartville, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound</u>	
		INTERVAL BETWEEN ONSET AND DEATH	

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INK—MAKE A PERMANENT RECORD

inquest was held in connection with the death of Darrell Lemons, and the coroner's Jury found that he came to his death by gunshot wounds at the hands of Don Wynn. Other information contained on this form was left blank because the name was not determined.

WRITE PLAINLY—USING INK

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Question</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>so. of Hartville</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hartville, Mo.</u>
21d. TIME OF INJURY <u>Mar. 10, 1951</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>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 <u>11:15Pm.</u> , from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) <u>E. L. Colton 3 Acting Coroner</u>	23b. ADDRESS <u>Hartville, Missouri</u>	23c. DATE SIGNED <u>3-17-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-14-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Creek Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Wright County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-19-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Halden Hartville, Mo.</u>

RECEIVED MAR 24 1951
WRIGHT CO. HEALTH DEPT.
County File Number 387-26
Date Filed 2-23-51

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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 Gene E. Halden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.