

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LED OCT 29 1951

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5356 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Wilson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wilson</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Windyville Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) <u>Walter</u> b. (Middle) <u>S.</u> c. (Last) <u>Lemons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2 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>married</u>	8. DATE OF BIRTH <u>Oct. 13, 1899</u>	9. AGE (In years last birthday) <u>51</u> Months <u>11</u> Days <u>19</u>	IF UNDER 1 YEAR IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Dallas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John Lemons</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Keller</u>	14. NAME OF HUSBAND OR WIFE <u>Verda Lemons</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>500-10-1077</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Verda Lemons</u>	ADDRESS <u>Windyville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>		<u>DK</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Grand mal Epilepsy</u>			<u>5 yrs</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Buffalo Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Past 2 years, 19____, that I last saw the deceased alive on Sept 28, 1951, and that death occurred at 11 A. m. from the causes and on the date stated above.

23a. SIGNATURE <u>G. Hemmer M.D.</u> (Degree or title)	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>10-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LongRock Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/20/51</u>	REGISTRAR'S SIGNATURE <u>Mr. J. B. Montgomery</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery-Vaughan</u>	ADDRESS <u>Buffalo Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3300
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 23 1951

Dist. File 1037-1823

Date Filed 10-22-51

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 Blyde Montgomery.....

Licensed Embalmer No. 3592.....

P. O. Address Buffalo, 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.

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