

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38136

FILED NOV 27 1951

State File No. _____
Registrar's No. 83

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5771

650
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWNSouth Lineville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN South Lineville</u>	
c. LENGTH OF STAY (In this place) <u>70 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Mason Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>William</u>	b. (Middle)	c. (Last) <u>Lemon</u>	(Month) (Day) (Year) <u>Nov. 5, 1951</u>
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. 19, 1865</u>
9. AGE (In years last birthday) <u>86</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jerimah Lemon</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lovelace</u>	14. NAME OF HUSBAND OR WIFE <u>Zetta Lemon</u>
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 ADDRESS <u>Blanche Fitch Lincoln Nebr</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>2 yrs</u> <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertensive heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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)	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 June 10, 1948 to Nov 5, 1951, that I last saw the deceased alive on Nov 4, 1951, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. Dawson</u>	23b. ADDRESS <u>Mercer, Mo</u>	23c. DATE SIGNED <u>Nov 15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Lineville Iowa</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lineville Ia.</u>	

DATE REC'D BY LOCAL REG. <u>11-16-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	393	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Lineville Ia.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James L. Grubbs

Signed.....
Student Embalmer

Licensed Embalmer No. 3967

P. O. Address Louisville, Iowa

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.