S. No. 300
Rev. 10.48

1532
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13439

State File No.

BIRTH NO. 22402 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
c. LENGTH OF STAY (In this place) 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lynchburg 1530 0
d. STREET ADDRESS (If rural, give location) Rural Route

3. NAME OF DECEASED (Type or Print)
a. (First) Garry b. (Middle) Lemons c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) April 22 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 0
8. DATE OF BIRTH April 22, 1952
9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min. 4 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lebanon Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Wayne C. Lemons
13b. MOTHER'S MAIDEN NAME Louise V. Cantrell
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Wayne C. Lemons **ADDRESS** Lynchburg Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis rt. upper lung — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mucus plug in bronchi
DUE TO (c)

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 X-ray indicates incomplete aeration rt. upper lung field
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 7620

22. *I hereby certify that I attended the deceased from* 4-22, 1952, *to* 4-22, 1952, *that I last saw the deceased alive on* 4-22, 1952, *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE B B Hurst (Degree or title) MD
23b. ADDRESS Lebanon, Mo.
23c. DATE SIGNED 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/23/52
24c. NAME OF CEMETERY OR CREMATORY Cemetery #1
24d. LOCATION (City, town, or county) (State) near Huggins North of Plato Mo.

DATE REC'D BY LOCAL REG. 4-23-1952
REGISTRAR'S SIGNATURE Hella L. Hay
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mo. Funeral Director

(Licensed Embalmer's Statement on Reverse Side)

Received MAY 3 1952

Laclede County Health Unit

File No. 5-52-52

Date Filed MAY 6 1952

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 No Embalming working under my personal supervision.

Student Embalmer No.....

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Signed.....
Student Embalmer

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.