

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25387**

**FILED** JUL 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5997</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u> <u>0860</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u> <u>0860</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" WILSON TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>LIFE TIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" WILSON TOWNSHIP</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LLLLLLLL</u>				d. STREET ADDRESS (If rural, give location) <u>LEMONS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAN</u>			b. (Middle) <u>TANZAN</u>		c. (Last) <u>LEMEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14, 1952</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 5, 1861</u>		9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHILDRENS HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PUTNAM COUNTY, MISSOURI</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>EZEKIEL BANNER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA WYERICK</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL PERRY LEMEN</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>MRS. EDITH DODSON UNIONVILLE, MISSOURI</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Regenerative myocarditis</u> <u>Chronic asthma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241x</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) (Min.)		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 <u>June, 1945</u> , to <u>July 14, 1952</u> , that I last saw the deceased alive on <u>July 13, 1952</u> , and that death occurred at <u>3:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. W. McDonald Doct</u>				23b. ADDRESS <u>Unionville Mo.</u>		23c. DATE SIGNED <u>7-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LEMON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEMON, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>7-26-52</u>		REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u> <u>BY: John W. Comstock</u>		ADDRESS <u>UNIONVILLE, MO.</u>	

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

AUG 13 1957

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

*John N. Comstock*

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.