

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5360

State File No. _____

1350

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

FILED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR c. TOWN KENNETT (R) Independence	c. LENGTH OF STAY (In this place) 10 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett (R) Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Mi. N.E.		d. STREET ADDRESS (If rural, give location) 1/2 Mi. N.E.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN ALFRED b. (Middle) LEMMONS c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 1953
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 15 1900	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months Days	11. UNDER 1 Wk. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm work	11. BIRTHPLACE (State or foreign country) Marble Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Isaac Lemmons	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Rosa R Lemmons
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rosa R. Lemmons R 2 Kennett, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia		
	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.			

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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 2-12-1953 to 2-13-1953, that I last saw the deceased alive on 2-12-1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Quintoy James, M.D.	23b. ADDRESS Abney, Mo.	23c. DATE SIGNED 2-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 15 1953	24c. NAME OF CEMETERY OR CREMATORY Gregory	24d. LOCATION (City, town, or county) (State) Kennett (R) Mo.
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DATE REC'D BY LOCAL REG. 2-14-1953	REGISTRAR'S SIGNATURE Carl Schubert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Johnson - Kennett, Mo
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2-16-53

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-16-53
COUNTY FILE NUMBER 253 - 41

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 *[Signature]*

Signed.....
Student Embalmer

Licensed Embalmer No. 2556-

P. O. Address *[Signature]*, 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.