

No. 300
10-48

STANDARD CERTIFICATE OF DEATH

State File No. **723**

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4156** Registrar's No. **54-3**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Greenfield Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Greenfield Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If rural, give location) 0290	

3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Helena c. (Last) McLemore			4. DATE OF DEATH Jan 4 1954 (Month) (Day) (Year)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 22, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (City and State or Foreign Country) Dade Co Mo.	

13a. FATHER'S NAME Bonapart Withrow	13b. MOTHER'S MAIDEN NAME Margaret Withrow	14. NAME OF HUSBAND OR WIFE Roy McLemore
--	---	---

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 Roy McLemore ADDRESS So Greenfield 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gasme hemorrhage		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **L-3** **1954**, to **Jan 4**, **1954**, that I last saw the deceased alive on **L-4**, **1954**, and that death occurred at **9:30a** m., from the causes and on the date stated above.

23a. SIGNATURE W. R. Allison M.D. (Degree or title)	23b. ADDRESS Greenfield Mo.	23c. DATE SIGNED 1-11-54
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 9, 1954	24c. NAME OF CEMETERY OR CREMATORY Shiloh	24d. LOCATION (City, town, or county) (State) Dade Co Mo.
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. 1-11-54	REGISTRAR'S SIGNATURE J. C. Canada 478	25. FUNERAL DIRECTOR'S SIGNATURE W. R. Allison ADDRESS Greenfield M.
---	--	--

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

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 W.R. Allison

Licensed Embalmer No. 4407

P. O. Address Greentown

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.