

STANDARD CERTIFICATE OF DEATH

31685

State File No.

FILED OCT 8 1956

REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 595a Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Middletown, Rural - Hartford - Twp</u>		c. CITY OR TOWN <u>Middletown</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>2 Mi. NE 0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>Lemon</u> b. (Middle) <u>-</u> c. (Last) <u>Lemasters</u>	
4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>28</u> (Year) <u>1956</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 23 1870</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 (City, and State or Foreign Country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Lemasters</u>		13b. MOTHER'S MAIDEN NAME <u>Gillie Ann Butler</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lutie Butler</u>		14. NAME OF HUSBAND OR WIFE	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Lena Mae Heim</u>		ADDRESS <u>Middletown, Mo.</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>arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 years</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Septicemia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

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) (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 Sept 22, 1956, to Sept. 29, 1956, that I last saw the deceased alive on Sept 22, 1956, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Willis H. Waller</u> (Degree or title)		23b. ADDRESS <u>Wellerville Mo.</u>		23c. DATE SIGNED <u>9/29/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 30 '56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farmount Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Middletown</u>		24e. (State) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Butler-Pritchett Fun. Home</u>	
24f. ADDRESS <u>Middletown Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-1-56</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John W. Burt*.....

Licensed Embalmer No. *444*.....

P. O. Address *Bowling Green 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.