

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33610

STATE FILE NUMBER

FILED NOV 13 1956

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 92

| | | | | | | |
|---|---|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Albany</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u> | | Length of stay in: 1b <u>lifetime</u> | d. STREET ADDRESS <u>1107 S Hundley</u> | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Andrew Johnson Lemley</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>2</u> Year <u>1956</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 29, 1865</u> | 9. AGE (In years last birthday) <u>91</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | 11. BIRTHPLACE (City and state or country) <u>Aledo, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13. FATHER'S NAME <u>Ezekiel Lemley</u> | | | 14. MOTHER'S MAIDEN NAME <u>Barbara Bradford</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs Ruby Smith</u> <u>SAMPSON</u> <u>Albany, Mo.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis of Coriary Aris</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 day</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) | |
| | | | | | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>454X</u> | | | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | : <u>Albany</u> <u>Gentry</u> <u>Mo.</u> | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Albany</u> <u>Gentry</u> <u>Mo.</u> | | | | |
| 21. I attended the deceased from <u>10:00</u> <u>46</u> to <u>11-2-56</u> and last saw her alive on <u>11-2-56</u> Death occurred at <u>10:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u> | | | 22b. ADDRESS <u>Albany Mo.</u> | | 22c. DATE SIGNED <u>11-3-'56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>Nov 4 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u> | 23d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Clifford Brooks</u> | | ADDRESS <u>Albany, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Nov 5-1956</u> | 26. REGISTRAR'S SIGNATURE <u>Maudie Williams</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

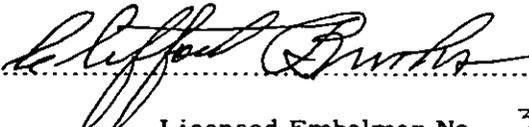
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Student.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 332

P. O. Address .. Albany, .. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To
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.