

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14955

STATE FILE NUMBER

FILED APR 22 1957

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **3250**

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Garland		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hot Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 2 Wks	d. STREET ADDRESS 208 First St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) EDWIN B. LEMON			4. DATE OF DEATH Month APRIL Day 2 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1920		9. AGE (In years last birthday) 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (City and state or country) Curryville, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Lloyd Lemon		
14. MOTHER'S MAIDEN NAME Margarette Brown			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) Yes <input checked="" type="checkbox"/> W. W. # 2		
16. SOCIAL SECURITY NO. Unknown			17. INFORMANT Address Mary Lemon, 208 First St. Hot Springs, Ark.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ependymoma Tumor (Brain) non-malignant 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)					INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
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 _____	
21. I attended the deceased from FEBRUARY 20, 1957 and last saw her alive on APR. 2, 1957 Death occurred at 1:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. J. Vanellia, M.D.</i>			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 4/2/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-2-57	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Curryville, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe		ADDRESS 4700 Washington,		25. DATE RECD. BY LOCAL REG. APR 3 '57	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>

Arkansas

Arkansas

X

Hot Springs

X

808 First St.

Hot Springs, Arkansas

MAY 8

1951

April 21, 1950

White

Male

W.A.

Curlyville, Missouri

Brewery

Salisbury

Lighter Brown

Body Lemon

Hot Springs, Ark. 808 First St.

Unknown

W. H. S.

Yes

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 *J. W. Binsley* Licensed Embalmer No. 365

P. O. Address *St. Louis, 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.

Albert H. ...