Dr. Lemmon

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20778

FILED JUN 24 1957 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 562

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2744 College — Length of stay in Ib 42 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2744 College — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MATTIE Middle PEARL Last SPIVY
4. DATE OF DEATH Month June Day 19 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 25 1882
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Christian Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME W.M. Baty
14. MOTHER'S MAIDEN NAME Sarah J. Mitchell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Wm. A. Spivy Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH Few Sec.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) " ht. disease
DUE TO (c) (recent myocardial infarc.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1948, to 6-19-57 and last saw her alive on 6-15-57
Death occurred at 12:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE E B Lemmon Jr MD (Degree or title)
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 6-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/21/57
23c. NAME OF CEMETERY OR CREMATORY Pembinia Cemetery
23d. LOCATION (City, town, or county) (State) Near Cody, Missouri
24. FUNERAL DIRECTOR H.H. Lohmeyer ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 6-21-57
26. REGISTRAR'S SIGNATURE Edna Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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