

Dr. Lemmon  
 FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-005150  
 STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 196

300  
 1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. St. John's Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>924 W. Nichols</b>	
Length of stay in lb <b>37 Yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>SHERMAN</b> Last <b>MEDLEY</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>25</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 25 1897</b>	9. AGE (In years) <b>60</b> (Birth day)	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mail &amp; Baggage Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R.R.</b>	11. BIRTHPLACE (City and state or country) <b>Pladd, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jerimiah Medley</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Breedlove</b>	14. NAME OF HUSBAND OR WIFE <b>Amy Medley</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, Yes known) (If yes, give year or dates of service) <b>Yes</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Amy Medley</b> Address <b>Springfield, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis, acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>
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) <b>4201</b>		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.)
20c. TIME OF INJURY Hour _____ 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 <b>Springfield, Mo.</b>	COUNTY _____ STATE _____
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21. I attended the deceased from **2 p.m. 9-56** to **2-25-58** and last saw him alive on **1-27-58**  
 Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Dr. Lemmon</b> (Degree or title)	22b. ADDRESS <b>Springfield, Mo.</b>	22c. DATE SIGNED <b>2-26-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/28/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
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24. FUNERAL DIRECTOR <b>H.H. Lohmeyer</b> ADDRESS <b>Springfield, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-26-58</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use city standard nomenclature in item 18. No symptoms or signs to be reported unless causally related.

MAR 10 1958  
MAR 8 1958

VS MAR 27 1959

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 *F. S. McCann* .....

Licensed Embalmer No. *2727* .....  
P. O. Address *Springfield, 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.