t. Health,
, & Welfare
S. Public
th Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–036067
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 978A

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Walnut Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 0840 3 mi N.E of W.G. Mo. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First LAURA Middle ELLEN Last LEMMON

4. DATE OF DEATH Month Oct Day 11 Year 1958

5. SEX Female 1
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Nov 24-1877
9. AGE (In years last birthday) 80 — 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 Home
11. BIRTHPLACE (City and state or country) Walnut Grove - Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Miller
13b. MOTHER'S MAIDEN NAME Elizabeth Vickerman
14. NAME OF HUSBAND OR WIFE Charles B. Lemmon

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. none
17. INFORMANT Jessie Bartusek Address Walnut Grove - 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) Lymphosarcoma, generalized — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 2001
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 ☐ NO ☒ 2

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 1 Sept 1958, to 11 Oct 1958 and last saw her/him alive on 11 Oct 1958
Death occurred at 8:55 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis M. Maple MD
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 13 Oct 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 13-58
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery
23d. LOCATION (City, town, or county) (State) Walnut Grove - Mo.

24. FUNERAL DIRECTOR ADDRESS Brian - Daniel - Walnut Grove - Mo
25. DATE RECD. BY LOCAL REG. 10-21-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

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 Boyle L. Daniel

Licensed Embalmer No. 4702

P. O. Address Ash Grove

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.