

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006496

STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 14

300
1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin 049.5 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp		Length of stay in lb 1 Month	d. STREET ADDRESS (If outside, give location) 3029 Joplin Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dale Middle D. Last Lemon			4. DATE OF DEATH Month Feb Day 13 Year 1959
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 June 13, 1888
9. AGE (In years last birthday) 70		10. KIND OF BUSINESS OR INDUSTRY Foreman	11. BIRTHPLACE (City and state or country) Worthington, Penn
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Powell Bro Truck		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hazel Lemon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 442-03-8409	17. INFORMANT Hazel Lemon Address Joplin, Missouri
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 Occlusion DUE TO (b) Arteriosclerosis and chronic hypertensive nephritis. DUE TO (c) Lung fibrosis + multiple abscesses on right side PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Cultures and sputum negative for tuberculosis.			INTERVAL BETWEEN ONSET AND DEATH 90% attack last one sudden
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 _____ 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 Jan 10th 1959 to Feb 13-59 and last saw him alive on Feb 13-59 Death occurred at 8:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Melvin C. Bowman M.D. (Degree or title)		22b. ADDRESS Neosho Mo	22c. DATE SIGNED 2-13-59.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb-14-59	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d. LOCATION (City, town, or county) (State) Tulsa, Oklahoma
24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS Neosho, Mo		25. DATE RECD. BY LOCAL REG. 2-13-59	26. REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

VS NOV 20 1959

SEP 17 1959

MAR 3 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 *Fred L. Clark*

Licensed Embalmer No. *5056*

P. O. Address *312 S. Wood*

Neosho, 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.