THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021493

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2819

1. PLACE OF DEATH a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN 5080 KANSAS CITY — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 701 EAST ARMOUR — Length of stay in 1b 60 yrs.	d. STREET ADDRESS (If outside, give location) 701 EAST ARMOUR — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: MARTIN DALLAS LEMMON		4. DATE OF DEATH Month / Day / Year: JUNE 7, 1959	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: OCT. 6. 1872
9. AGE (In years last birthday): 86 yrs	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): GROCERY MAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): NEW ALBANY, INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: HARRISON M. LEMMON	13b. MOTHER'S MAIDEN NAME: MARTHA W. FANNSLEY	14. NAME OF HUSBAND OR WIFE: MARY NELLE 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.: 493 32 3070	17. INFORMANT: LAURA PETERSON 6015 W. 53rd STREET	Address

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) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardio Vascular Arteriosclerosis — many years

DUE TO (c) General — 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Large Calcified Abdominal Aneurysm

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 1944, to June 7-59 and last saw him alive on June 7-1959

Death occurred at 6.30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Glen H. Broyles MD	22b. ADDRESS: 1432 Professional Bldg	22c. DATE SIGNED: 6-8-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: JUNE 9, 1959	23c. NAME OF CEMETERY OR CREMATORY: ELMWOOD CEM.	23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.
24. FUNERAL DIRECTOR: D W Newcomer's Sons, MO.	ADDRESS: K.C	25. DATE RECD. BY LOCAL REG.: 6-9-59	26. REGISTRAR'S SIGNATURE: Neva Minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Glen H. Broyles

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student ..... Signed Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 493

P. O. Address KC Mo.

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