

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-027749
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2068

FILED AUG 3 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Pulaski									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Mo.		Length of stay in 1b DOA		c. CITY OR TOWN Little Rock		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 16 Rollings Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Harvey Middle Allen Last Lemmons			4. DATE OF DEATH Month July Day 21 Year 1961										
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/20/1953		9. AGE (last birthday) 8		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) South Bend, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Nolen A. Lemmons				13b. MOTHER'S MAIDEN NAME Coris Claypool				14. NAME OF HUSBAND OR WIFE Nil.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. Nil.		17. INFORMANT Milton A. Lemmons, Paragould, Arkansas.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head Injury 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger -- 2 car collision									
20c. TIME OF INJURY Hour 11:45 p.m. Month, Day, Year 7/20/61				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		20f. CITY, TOWN, OR LOCATION Jefferson Missouri			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. at St. Joseph Hospital, Kirkwood, Mo.													
22a. SIGNATURE (Degree or title) <i>Jaymott Hair</i> Coroner						22b. ADDRESS Clayton, Mo.			22c. DATE SIGNED 7/21/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-21-61		23c. NAME OF CEMETERY OR CREMATORY Pine Knott Cemetery				23d. LOCATION (City, town, or county) (State) Greene County, Arkansas.					
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.					25. DATE RECD. BY LOCAL REG. 7-24-61		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>						

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis 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.