MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 61-022750

AMENDED

Registration District No. 347 Primary Registration District No. 541 Registrar's No. 2071

FILED AUG 3 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton, Mo.
Length of stay in 1b: DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Arkansas
b. COUNTY: Pulaski
c. CITY OR TOWN: Little Rock
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 16 Rolling Lane
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Peggy Middle: Elise Last: Lemmons
4. DATE OF DEATH: Month: July Day: 21, Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9/3/1960
9. AGE (last birthday): IF UNDER 1 YEAR: Months 10 Days 18; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Little Rock, Ark.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Nolen A. Lemmons
13b. MOTHER'S MAIDEN NAME: Doris Claypool
14. NAME OF HUSBAND OR WIFE: None
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: Milton A. Lemmons, Address: Paragould, Ark.

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): Head Injury
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]
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 [X] a.m. [ ] p.m. Month, Day, Year 7/20/61
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway
20f. CITY, TOWN, OR LOCATION: Jefferson COUNTY: Missouri STATE:
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 1:00 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: Raymond Hand (Degree or title) Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 7/28/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-24-61
23c. NAME OF CEMETERY OR CREMATORY: Pine Knott Cemetery
23d. LOCATION (City, town, or county) (State): Greene Co., Ark.
24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: 7-24-61
26. REGISTRAR'S SIGNATURE: John C. Murphy Md. Dr.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 J W Dimbley

Licensed Embalmer No. 3053

P. O. Address St Lee 8[illegible]

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.