

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. LEMMON
State File No. **36592**

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **10:38**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD	c. LENGTH OF STAY (in this place) 4 WKS.	c. CITY OR TOWN BROOKLINE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		e. STREET ADDRESS (If rural, give location) ROUTE # 1	0340

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) H. c. (Last) ROSE			4. DATE OF DEATH (Month) (Day) (Year) NOV. 19 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 9 1880		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) GREENE COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME RUBEN ROSE		13b. MOTHER'S MAIDEN NAME LUCY McELHANEY		14. NAME OF HUSBAND OR WIFE NETTIE ROSE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. NETTIE ROSE BROOKLINE, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopulmonary moniliasis 3 mos			INTERVAL BETWEEN ONSET AND DEATH sev. days	
		ANTECEDENT CAUSES (b) of uremia infarctions, kidney				
		DUE TO (c) Aplastic anemia				
		II. OTHER SIGNIFICANT CONDITIONS (c) cause unknown			About 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1343			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from ~~11-19-55~~ **11-19-55** to **11-19-55**, that I last saw the deceased alive on **11-19-55** and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. Lemmon M.D.		23b. ADDRESS Springfield		23c. DATE SIGNED 11-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/22/55		24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		25. GENERAL DIRECTOR'S SIGNATURE		ADDRESS SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE Edith Williams			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. *Lucas T. Buckley*

Licensed Embalmer No. *48*

P. O. Address *Spring*

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.