Dr. Lemmon

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026705

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1228

FILED AUG 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0397
2 0397
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4 0
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7 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b: 56 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. ST. JOHN'S HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1432 E. BENNETT — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HARRY Middle C. Last EVANS

4. DATE OF DEATH: Month AUG. Day 10 Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/27/99
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: FRISCO R.R.
11. BIRTHPLACE (City and state or country): HARRISON, ARK.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: EZAR LEVI EVANS
13b. MOTHER'S MAIDEN NAME: NORA KIRBY
14. NAME OF HUSBAND OR WIFE: CLEONE EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. # 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: CLEONE EVANS Address: SPRINGFIELD, MO.

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Few seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) " " heart disease
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 1955, to 8-10-62 and last saw ~~him~~ alive on 7-25-62.
Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S B Lemmon (Degree or title) MD
22b. ADDRESS: Springfield, Mo.
22c. DATE SIGNED: 8-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-13-62
23c. NAME OF CEMETERY OR CREMATORY: MAPLE PARK CEMETERY
23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MISSOURI

24. FUNERAL DIRECTOR: H.H. LOHMEYER FUNERAL HOME ADDRESS: SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 8-13-62
26. REGISTRAR'S SIGNATURE: Effie L. Meeter

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1962

AUG 20 1962

SEP 11 1962

MAR 13 1963

AUG 16 1962

Permit issued 8-13-62

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 Lucian T. Shadley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.