

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9895

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5958 Registrar's No. 20

0830

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

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (CARROLL TWP.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (CARROLL TWP.) 0830	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3 Mi. So. of Platte City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi. So. of Platte City			

3. NAME OF DECEASED (Type or Print) a. (First) CECIL b. (Middle) HOBART (DICK) c. (Last) PALMER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 21, 1950		
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 23, 1899		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days		IF UNDER 100 Hrs. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME ELMER PALMER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MRS. LORENE PALMER	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LORENE PALMER, PLATTE CITY, MO.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY HEMORRHAGE, LEFT		INTERVAL BETWEEN ONSET AND DEATH 15 MIN	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) METASTATIC CARCINOMA		3 years	
		DUE TO (c) PRIMARY IN RT. LUNG		163X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma rt lung; pneumonectomy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May, 1947, to March, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hubert Park		23b. ADDRESS Platte City, MO		23c. DATE SIGNED 3/23/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-23-50		24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE CEM.		24d. LOCATION (City, town, or county) (State) PLATTE COUNTY, MO.	
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DATE REC'D BY LOCAL REG. Mar. 28-1950		REGISTRAR'S SIGNATURE B. P. Rollins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hollins & Mitchell, Platte City, Mo.	
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RECEIVED 3/28/50

District Health Officer No. 8.

District File Number

Date Filed 4-6-50

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
Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte City, 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 this body is not embalmed, fact should be so stated above.