

FILED OCT 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5614 State File No. 30905

BIRTH NO. REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4968 Registrar's No. 80

540

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Novelty. (rural) Burdon</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Novelty. (rural) Burdon</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0570</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Five Miles South East of Novelty, At Home.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Zelma</b>	b. (Middle) <b>Jean</b>	c. (Last) <b>Palmer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept-13-1950</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec-21-1925</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>24 11 22</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Home Economist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Propane Gas Co</b>	11. BIRTHPLACE (State or foreign country) <b>Montgomery Cty. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Hiram Palmer</b>	13b. MOTHER'S MAIDEN NAME <b>Nell Scanland</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>492-32-5161</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hiram C. Palmer</b>	ADDRESS <b>Novelty, Missouri.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>20 3 years</b>  <b>3533</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Epilepsy (Seizure)</b> DUE TO (c)		
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	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) (m.)	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 1948 to Sept 13, 1950, that I last saw the deceased alive on Sept 10, 1950 and that death occurred at LODA m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Waldo B. Jernin M.D.</b>	23b. ADDRESS <b>Knox City, Mo.</b>	23c. DATE SIGNED <b>9/18/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept-15-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Salem</b>	24d. LOCATION (City, town, or county) (State) <b>Knox County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept-24-1950</b>	REGISTRAR'S SIGNATURE <b>W. S. Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. B. Jernin</b>	ADDRESS <b>Edina, Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

SEP 30 1950  
Date Received:  
DISTRICT HEALTH OFFICE #2  
District File Number 10-50  
Date Filed: OCT 3 1950

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*Keith Hudson*

Licensed Embalmer No.

2415

P. O. Address

*Edina, Minn.*

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.