

FILED JAN 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 179

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 4

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Boone   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE Missouri b. COUNTY Boone |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN Centralia  |  | c. LENGTH OF STAY (In this place) OR: TOWN Centralia  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 419 South Jenkins |  | d. STREET ADDRESS (If rural, give location) 419 South Jenkins   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) LORA MAUD FOUNTAIN PALMER<br>b. (Middle)<br>c. (Last) |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>1-11-51 |  |  |
|---|--|--|--|--|--|

|                  |                           |   |                               |                                       |                 |                |                 |                |
|------------------|---------------------------|---|-------------------------------|---------------------------------------|-----------------|----------------|-----------------|----------------|
| 5. SEX<br>Female | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married | 8. DATE OF BIRTH<br>7-19-1881 | 9. AGE (In years last birthday)<br>69 | 10. MONTHS<br>5 | 11. DAYS<br>22 | 12. HOURS<br>11 | 13. MIN.<br>00 |
|------------------|---------------------------|---|-------------------------------|---------------------------------------|-----------------|----------------|-----------------|----------------|

|  |  |                                   |  |   |  |  |  |
|--|--|-----------------------------------|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife |  | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (State or foreign country)<br>Boone County, Missouri |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |  |
|--|--|-----------------------------------|--|---|--|--|--|

|                                       |  |   |  |  |  |  |  |
|---------------------------------------|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br>Joseph Fountain |  | 13b. MOTHER'S MAIDEN NAME<br>Margaret Reams |  | 14. NAME OF HUSBAND OR WIFE<br>James Lancelot Palmer |  |  |  |
|---------------------------------------|--|---|--|--|--|--|--|

|  |  |                                 |  |   |  |  |  |
|--|--|---------------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No |  | 16. SOCIAL SECURITY NO.<br>None |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>J. L. Palmer Centralia, Missouri |  |  |  |
|--|--|---------------------------------|--|---|--|--|--|

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>5 yrs |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>_____                  |  |  |  | 151X                                      |  |

|                        |  |                                  |  |  |  |   |  |
|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br>Centralia Boone Mo |  |
|--|--|--|--|---|--|

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 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 Feb. 1, 1950, to Jan 11, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

|  |  |                                |  |                                 |  |
|--|--|--------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br>J. J. Edmondson M.D. |  | 23b. ADDRESS<br>Centralia, Mo. |  | 23c. DATE SIGNED<br>Jan 12, '51 |  |
|--|--|--------------------------------|--|---------------------------------|--|

|   |  |                      |  |  |  |  |  |
|---|--|----------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial |  | 24b. DATE<br>1-14-51 |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Mt. Horeb Cemetery |  | 24d. LOCATION (City, town, or county) (State)<br>Boone County Missouri |  |
|---|--|----------------------|--|--|--|--|--|

|   |  |  |  |  |  |                           |  |
|---|--|--|--|--|--|---------------------------|--|
| DATE REC'D BY LOCAL REG<br>Jan 13, 1951 |  | REGISTRAR'S SIGNATURE<br>Maud M. Briscoe |  | 50<br>25. FIREARM DIRECTOR'S SIGNATURE<br>Bill S. Mendenhall |  | ADDRESS<br>Centralia - Mo |  |
|---|--|--|--|--|--|---------------------------|--|

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

RECEIVED 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-15-51

JAN 24 1951  
FEB 22 1951

AUG 21 1951

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 \_\_\_\_\_

Lois M. Meador

Student Embalmer No. 379

working under my personal supervision.

Student Lois M. Meador  
Student Embalmer

Signed A. E. Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon - Me

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.