

FILED APR 6 1951

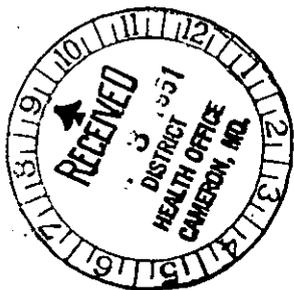
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7407

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>NEBR</u> b. COUNTY <u>Scotts Bluff</u>	
b. CITY OR TOWN <u>SAVANNAH, MO.</u> c. LENGTH OF STAY (In this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>MORILL</u> d. STREET ADDRESS (If rural, give location) <u>3 M. N. W. of Morrill nebr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Nicholas Sanitarium</u>			
3. NAME OF DECEASED a. (First) <u>OTTO</u> b. (Middle) <u>JAY</u> c. (Last) <u>PALMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-25-51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 31-1898</u>
9. AGE (In years last birthday) <u>52</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Louis City, Neb.</u>	
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>GEORGE T. PALMER</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH ROSE</u>	
13c. NAME OF HUSBAND OR WIFE <u>MABEL PALMER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. J. Palmer, Morrill, nebr.</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</u> DUE TO (b) <u>Acute indigestion</u> DUE TO (c) <u>Carcinoma of lower lip and 2 upper jaw glands</u>	
19a. DATE OF OPERATION <u>Mar 16 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	
21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>3-16</u> , 19 <u>51</u> , to <u>3-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-24</u> , 19 <u>51</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. C. Kuntze M.D.</u>		23b. ADDRESS <u>Savannah, Mo.</u>	
23c. DATE SIGNED <u>3-25-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u> </u>		24b. DATE <u>3-27-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Morrill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Morrill, nebr.</u>	
DATE REC'D BY LOCAL REG. <u>3-25-51</u>		REGISTRAR'S SIGNATURE <u>William Spark</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u> </u>		ADDRESS <u> </u>	

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



APR 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Surrey Md

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.