

5. No. 300
V. 10.48

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7517

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

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 Second Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>112 Second Ave.</u>	
3. NAME OF DECEASED a. (First) <u>ROSA</u> b. (Middle) <u>ALMEDIA</u> c. (Last) <u>PALMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 28, 1885</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>
13a. FATHER'S NAME <u>Nathan Coose</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Elizabeth Coose</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Palmer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John W. Palmer, Columbia, Missouri.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinoma of Peritoneum</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>Adeno carcinoma</u> DUE TO (c) <u>158X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Complete Intestine distended</u>	
19a. DATE OF OPERATION <u>Feb 15-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of Peritoneum + distention</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?			
22. I hereby certify that I attended the deceased from <u>Nov 13, 1950</u> , to <u>April 1, 1951</u> , that I last saw the deceased alive on <u>April 1, 1951</u> , and that death occurred at <u>10 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Rail J. Dietrich M.D.</u>		23b. ADDRESS <u>1000 E. Bldg. Columbia Mo.</u>	
23c. DATE SIGNED <u>April 3-1951</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Fork Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 3 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

RECEIVED 4-10-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-10-51 _____

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 Embalmer No.

Signed

M. W. White

Signed
Student Embalmer

Licensed Embalmer No. 3893

P. O. Address *Columbus, 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.