

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17396

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4337</u>		Registrar's No. <u>14</u>		
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		c. LENGTH OF STAY (in this place) <u>Definite</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		0690		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>			b. (Middle) <u>Ce.</u>		c. (Last) <u>Palmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-1951</u>	
5. SEX <u>0</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>8/18/1871</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas Jefferson Palmer</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Chinn</u>			14. NAME OF HUSBAND OR WIFE <u>Mattie Swindell Palmer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Palmer</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chronic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 yrs</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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"/>	
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)				
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 <u>Jan</u> , 19 <u>46</u> , to <u>April 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 10</u> , 19 <u>50</u> , and that death occurred at <u>3 a.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. S. Turner D.O.</u>				23b. ADDRESS <u>Madison, MO</u>		23c. DATE SIGNED <u>4/21/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Madison MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-25-51</u>		REGISTRAR'S SIGNATURE <u>Anna M. Burditt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trade Hampton</u>		ADDRESS		

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

Date Received: MAY 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-898
Date Filed: MAY 12 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 Wm. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, La.

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.