

FILED SEP 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30583

0495
Summa
WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD—

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 437	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (in this place) 65 yrs.		c. CITY OR TOWN Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3140 ~ 20th. St.				d. STREET ADDRESS (If rural, give location) 1420 Jackson 6			
3. NAME OF DECEASED (Type or Print) Linnie		a. (First) E.		c. (Last) PALMER		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH April 25, 1858	
9. AGE (In years last birthday) 93		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (State or foreign country) Missouri 6	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Swope		13b. MOTHER'S MAIDEN NAME Deliah Hunter		14. NAME OF HUSBAND OR WIFE Not Known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. W.N. McDonald Joplin, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis ANTECEDENT CAUSES Morbid 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. Fracture Femur				INTERVAL BETWEEN ONSET AND DEATH 4222 F 3w 4d	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 8-21-51 to 9-17-51, that I last saw the deceased alive on 9-14-51, and that death occurred at 3:43a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) [Signature]				23b. ADDRESS Joplin, Mo		23c. DATE SIGNED 9-18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/19/51		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 9-18-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Thornhill-Dillon Mort. Joplin, Mo	

RECEIVED 9-25-51
Jasper County Health Office

County File Number 51/9/753

Date Filed 9-26-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Charles E. Frey

Licensed Embalmer No.

4768

P. O. Address

Joplin, 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.