

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33060**

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5349** Registrar's No. **82**

3300

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Dallas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dallas | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Jasper | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Jasper 0300 | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) Woodville Mo | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED a. (First) Robert b. (Middle) Lee c. (Last) Palmer | | | 4. DATE OF DEATH (Month) (Day) (Year) 10-14-1951 | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W | |
| 8. DATE OF BIRTH Oct. 9 - 1871 | | 9. AGE (in years last birthday) 80 | | 10. IF UNDER 1 YEAR Months 8 Days 6 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | | 11. BIRTHPLACE (State or foreign country) Iowa | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME W.T. Palmer | | 13b. MOTHER'S MAIDEN NAME Sylvanthe Dickerson | | 14. NAME OF HUSBAND OR WIFE Nancy Palmer | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | | 17. INFORMANT'S SIGNATURE OR NAME Ernest Peppers ADDRESS Woodville Mo | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) abdominal carcinoma | | INTERVAL BETWEEN ONSET AND DEATH 9 mos. | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | 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. | | | |

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|---|--|--|--|--|--|
| 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) 1991 | |
| 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 Aug. 2, 1951, to October 13, 1951, that I last saw the deceased alive on Oct. 10, 1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

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|--|--|---------------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE J. G. Bennett (Degree or title) D. O. 2 | | 23b. ADDRESS Buffalo, Missouri | | 23c. DATE SIGNED 10/15/51 | |
|--|--|---------------------------------------|--|----------------------------------|--|

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|---|--|-----------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-16-1951 | | 24c. NAME OF CEMETERY OR CREMATORY Bixby Cem. | | 24d. LOCATION (City, town, or county) (State) Bixby Okla | |
|---|--|-----------------------------|--|--|--|---|--|

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 10/20/51 | | REGISTRAR'S SIGNATURE Dr. J. B. Jones | | 25. FUNERAL DIRECTOR'S SIGNATURE Montgomery Vaughan ADDRESS Buffalo, Mo | |
|--|--|--|--|---|--|

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED | OCT 22 1951

Dist. File 10-37-1822
Date Filed 10-22-51

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.....
Student Embalmer

Signed

Lelyde Montgomery

Licensed Embalmer No. 3562

P. O. Address Buffalo, 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.