

No. 3067 FILED APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7901

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Springcreek twp		c. LENGTH OF STAY (In this place) yr's 5	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Springcreek typ		d. STREET ADDRESS (If rural, give location) rt 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		0330	

3. NAME OF DECEASED (Type or Print) Ward Webster Palmer	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3/25/52
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 8 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Great Bend Ks.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Richard Palmer	13b. MOTHER'S MAIDEN NAME Catherine Stough	14. NAME OF HUSBAND OR WIFE Myrtle Palmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Myrtle Palmer	ADDRESS Salem rt 1 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) Cardiovascular renal disease		INTERVAL BETWEEN ONSET AND DEATH unknown
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2/22/52 to 3/25/52, that I last saw the deceased alive on 3/25/52, 1952, and that death occurred at 7:35 PM from the causes and on the date stated above.

23a. SIGNATURE L.H. Hunt M.D.	23b. ADDRESS Salem, Mo	23c. DATE SIGNED 3/28/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/29/52	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. 3-29-52	REGISTRAR'S SIGNATURE M. M. Hart, M.D. by [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Salem Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

330

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 _____

Licensed Embalmer No. 2270

P. O. Address Salina 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.