

STANDARD CERTIFICATE OF DEATH

State File No. 9269

FILED APR 15 1952

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

0742

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. Institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ravenwood 0740</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle) <u>Palston</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-1952</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>8-12-1876</u>		9. AGE (In years last birthday) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown-</u>	
11. BIRTHPLACE (State or foreign country) <u>Brown Co-Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Wm. H. Palston</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Stewart</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Sie Palston-Ravenwood-Mo.</u>	
17. 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, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 mo.</u>	
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				DUE TO (c)	
DUE TO (a)		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 <u>no operations</u>				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>1-10-</u> , 19 <u>52</u> , to <u>4-5-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr 4-</u> , 19 <u>52</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L E Dean MD</u>				23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>4-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem-</u>		24d. LOCATION (City, town, or county) (State) <u>Ravenwood-Mo-</u>	
DATE REC'D BY LOCAL REG. <u>4-12-52</u>		REGISTRAR'S SIGNATURE <u>Kess Holt</u>		25. EMBALMER'S SIGNATURE <u>W McArthur</u>		ADDRESS <u>Maryville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Signed *G M Atkinson*  
Student Embalmer No.....

Licensed Embalmer No. *2379*

P. O. Address *Marysville, W.*

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.