

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12295

FILED APR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Daughterly</b>	
c. LENGTH OF STAY (If this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Hazel Ellen Palo</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 14-1952</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 15-1908</b>	9. AGE (In years, last birthday) Months Days <b>43 3 29</b>	10. UNDER 1 YEAR	10. UNDER 1 YEAR	10. UNDER 1 YEAR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Cook</b>	11. BIRTHPLACE (State or foreign country) <b>Harrisonville Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Clinton A. Barnard</b>	13b. MOTHER'S MARRIED NAME <b>Sarah E. Mataffey</b>	14. NAME OF HUSBAND OR WIFE <b>Isaac Palo</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-29-5264</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Isaac Palo, Harrisonville R.R. #1</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>few days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia poisoning</b>	DUE TO (b) <b>Uremic infection</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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)	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 **Sept 1850**, to **April 14, 1952**, that I last saw the deceased alive on **April 14, 1952**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

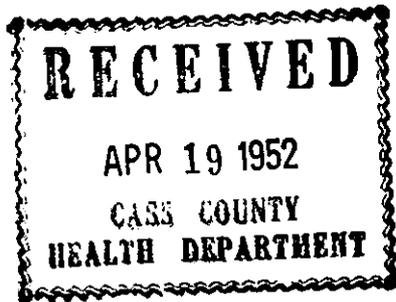
23a. SIGNATURE <b>E. S. Jones M.D.</b>	(Degree or title)	23b. ADDRESS <b>Harrisonville, Mo.</b>	23c. DATE SIGNED <b>4-16-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Apr. 16-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo</b>
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DATE REC'D BY LOCAL REG. <b>Apr 16 1952</b>	REGISTRAR'S SIGNATURE <b>Lora Barnard</b>	457-20	EMBALMER'S SIGNATURE <b>William B. ...</b>	ADDRESS <b>Harrisonville, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# 0191



APR 24 1952

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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 *Hoyt Atkinson*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.

*MO*