

FILED AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23987

BIRTH NO. _____		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 190
1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN JEFFERSON CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY 126 cl		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 101 POLK ST		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS HOSPITAL				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) William		c. (Last) PALMER
4. DATE OF DEATH (Month) (Day) (Year) JULY 30 1952				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 16 1906	9. AGE (In years last birthday) 46
			IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HELPER		10b. KIND OF BUSINESS OR INDUSTRY PRODUCE CO.		11. BIRTHPLACE (State or foreign country) BOONE COUNTY MISSOURI
				12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME GEORGE W. PALMER		13b. MOTHER'S MAIDEN NAME MINNIE FRANCIS CUNNINGHAM		14. NAME OF HUSBAND OR WIFE CORA PALMER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 490-07-2287		17. INFORMANT'S SIGNATURE OR NAME CORA ELIZABETH WILHITE PALMER
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior lobe cerebral vascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 15 hrs. 4 years
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)
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 July 29, 1952, to July 30, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 4 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Robert H. Palmer, M.D. (Degree or title)		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 7-31-52
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 7/31/52		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.
				24d. LOCATION (City, town, or county) COLUMBIA MISSOURI
DATE REC'D BY LOCAL REG. July 31-52		REGISTRAR'S SIGNATURE R. P. Dickey, M.D. - MR		25. FUNERAL DIRECTOR'S SIGNATURE WILLETT FUNERAL HOME
				ADDRESS COLUMBIA

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JAN 14 1963

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

Lynard H. Spunkle

Licensed Embalmer No. *4013*

P. O. Address *Columbia, S.C.*

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.