

STANDARD CERTIFICATE OF DEATH

State File No. 331333
REGISTRATION No. 0492

FILED MAR 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 2527 Registrar No. _____

0492

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived at least 10 days before death) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 419 S. Ellis St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 S. Ellis St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Blanche	b. (Middle) Marie	c. (Last) Palmer	4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 2, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 19	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carterville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert L. Burns	13b. MOTHER'S MAIDEN NAME Agnus (unknown)	14. NAME OF HUSBAND OR WIFE WILLIAM T. PALMER
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Thelma Saylor	ADDRESS Rt. #3 Carthage, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Had been treated for malignancy in Dallas Tex		
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 (did not attend) 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Walter C. ... M.D.</i>	23b. ADDRESS Joplin Natl. Bank Bldg. Joplin, Mo.	23c. DATE SIGNED 2-24-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-24-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.
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DATE REC'D BY LOCAL REG. 2-24-1953	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson Mortuary	ADDRESS Webb City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-2-53
Jasper County Health Office

County File Number 53/3/204
Date Filed 3-2-53

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.