

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8882

State File No.

No. 300
10-48

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 371

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>126 1/2 W. Indiana St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>126 1/2 W. Indiana St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>BENTON</u> c. (Last) <u>PALMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Oct 20, 1896</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			

13a. FATHER'S NAME <u>James Robert Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Curtis</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-09-6002</u>		17. INFORMANT'S SIGNATURE OR NAME City ADDRESS <u>Miss Lucy Palmer, 126 1/2 W. Indiana St.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</i>			<u>1 yr. ?</u>
		DUE TO (b) <u>Cirrhosis of Liver</u>			<u>1 yr. ?</u>
		DUE TO (c) <u>Malnutrition</u>			<u>1 yr.</u>
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Jacksonian Epileptic Seizures</u>			<u>1 yr.</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Seizures</u>			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 Jan, 1953, to Mar 5, 1953, that I last saw the deceased alive on Mar 5, 1953, and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John S. Kirk, M.D.</u>		23b. ADDRESS <u>P+S Bldg</u>		23c. DATE SIGNED <u>3-8-53</u>	
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>burial</u>		24b. DATE <u>3-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Buchanan County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>March 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Ester M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Brown Funeral Home, St. Joseph</u>	
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(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 Se 10th, St. Joseph, 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.