

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24261

State File No. _____

FILED AUG 7-1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dixon R3</u>	
c. LENGTH OF STAY (in this place) <u>26 hrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Memory</u>	c. (Last) <u>Palmer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 1, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 15, 1874</u>	9. AGE (In years) (Last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Harvey K. Palmer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie L. Palmer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-16-7367</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ollie L. Palmer</u>	ADDRESS <u>Dixon R3 Missouri</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cerebral vascular disease</u>		
	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) <u>443X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 1, 1953, to Aug 1, 1953, that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. A. Dwyer - M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>8-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rowden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maries County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 3-1953</u>	REGISTRAR'S SIGNATURE <u>R. P. Norris</u>	55. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Rudge</u>	ADDRESS <u>Beria, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 27 1953

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

Walter P. Hedger

Licensed Embalmer No. 1265

Iberia, Missouri

P. O. Address _____

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.