

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31081**

No. 300  
10-48

FILED OCT 5<sup>th</sup> 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1036

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>123 W. Buffalo St.</b>		d. STREET ADDRESS (If rural, give location) <b>123 W. Buffalo St.</b>	

3. NAME OF DECEASED (Type or Print) <b>JOHN PALMER</b>			4. DATE OF DEATH <b>Sept. 22, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 5, 1875</b>		9. AGE (In years last birthday) <b>78</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Thomas Palmer</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Palmer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ida Palmer, 123 W. Buffalo St., City</b>	

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) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
		ANTECEDENT CAUSES DUE TO (b) <b>Coronary Arteriosclerosis</b>			several years
		DUE TO (c) <b>Generalized Arteriosclerosis</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Old Hip fracture-Nutritional Anemia-Senility</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>			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) m.		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 Nov 20, 1951, to Sept 22, 1953, that I last saw the deceased alive on Sept 21, 1953, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE <b>John S. Kirk M.D.</b>		23b. ADDRESS <b>Phys &amp; Surg Bldg., City</b>		23c. DATE SIGNED <b>9-23-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 24, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Rupp</b> ADDRESS <b>St. Joseph, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Sept 29, 1953</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Rupp</b> ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer Statement on Reverse Side)

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

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 Alvin C. Bagan

Licensed Embalmer No. 2795

P. O. Address 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.