

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38802**

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1038**

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (in this place) 6 days d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Greene c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogersville d. STREET ADDRESS (If rural, give location) Rt. 2	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) PAUL c. (Last) PALMER		4. DATE OF DEATH (Month) (Day) (Year) NOV. 16 1953	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH JAN. 15, 1930
9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station		10b. KIND OF BUSINESS OR INDUSTRY Same	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME John J. Palmer	13b. MOTHER'S MAIDEN NAME Gertrude MacLone	14. NAME OF HUSBAND OR WIFE _____
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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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Roscoe E. Palmer ADDRESS 1623 W. 6th St. Springfield
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic Sarcoma of lung ANTECEDENT CAUSES Original growth of Right Forearm DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Right Forearm Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH _____
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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) _____ 1991 _____
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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?
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22. I hereby certify that I attended the deceased from Nov 2, 1953 to Nov 16, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Seibel M.D.	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 11-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED	24b. DATE 11-18-53	24c. NAME OF CEMETERY OR CREMATORY CANNON CENTER	24d. LOCATION (City, town, or county) (State) Rogersville MO.
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DATE REC'D BY LOCAL REG. 11-19-53	REGISTRAR'S SIGNATURE Travis Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Max Muller - Kelley - Ferrell - Bergman ADDRESS Rogersville, Mo.
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Max J Miller

Signed.....
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Jordan, 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.