

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

706

State File No.

FILED FEB 1 1954

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>5309</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville Twp</u>			c. LENGTH OF STAY (in this place) <u>4 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-3. Moniteau Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>R. R. #3 Fayette 02700</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Hitt</u> c. (Last) <u>Palmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 16, 1869</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>J. R. Hitt</u>		13b. MOTHER'S MAIDEN NAME <u>Miriam Gatewood</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Palmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. H. Basye</u>		ADDRESS <u>Fayette, Mo</u>			
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, asthenia, 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) <u>Cerebrovascular accident</u>				DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>			<u>± 7 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Bronchopneumonia</u>							<u>± 2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>± 5 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>					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 <u>1-16-54</u> , 19 <u>54</u> , to <u>1-23, 1954</u> , that I last saw the deceased alive on <u>1-16-54</u> , 19 <u>54</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>			23b. ADDRESS <u>329 Main, Boonville, Mo.</u>			23c. DATE SIGNED <u>1-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1/23/54</u>		REGISTRAR'S SIGNATURE <u>St. Hooper 381</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Mo</u>	

(Licensed Embalmer's 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 _____

Ralph A. Carr

Licensed Embalmer No. *3349*

P. O. Address *Fayette 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.