

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5155**
 BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **357**

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (in this place) 30yrs	c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 526 W. Maple			e. STREET ADDRESS (If rural, give location) 526 W. MAPLE 700 J		
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) Henry	c. (Last) Palmer	4. DATE OF DEATH (Month) (Day) (Year) Feb 6 - 54	
5. SEX M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 15 Nov. 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Steel Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Aixbridge England	12. CITIZEN OF WHAT COUNTRY? England
13a. FATHER'S NAME John Palmer		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE Grace Palmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 890-09-1017	17. INFORMANT'S SIGNATURE OR NAME Mrs. A.H. Palmer, Indef. Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Atherosclerosis with severe myocardial hyperregeneration & fibrillar hyaline change	DUE TO (a) General Arteriosclerosis				March 1954 to Feb 6 - 1954
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Diabetes mellitus & senescence				3 years
II. OTHER SIGNIFICANT CONDITIONS Arterio-sclerotic gangrene of right leg to knee - March 1950	DUE TO (c) Arterio-sclerotic gangrene of right leg to knee - March 1950				260 X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Sclerotic gangrene of foot & leg up to knee, amputated				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)	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 March 1, 1950 , to Feb 6, 1954 that I last saw the deceased alive on Feb 6, 1954 and that death occurred at 1:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE E.H. Allen		(Degree or title) M.D.	23b. ADDRESS First National Bank		23c. DATE SIGNED Feb 8, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 54	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Kansas City, MO		
DATE REC'D BY LOCAL REG. 2-9-54	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Otto Mitchell ADDRESS Indef. Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1954

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.....
Signature of Student Embalmer

Signed *Jason T. White*.....

Licensed Embalmer No. *49*.....

P. O. Address *Indef*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.