No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7704

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Williams Township
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Miles East of Cole Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Arkansas
b. COUNTY: Benton 80.30
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bentonville 8
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): Katy
b. (Middle): ---
c. (Last): Palmer

4. DATE OF DEATH (Month) (Day) (Year): April 4th 1954

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 8th 1898

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months: 0 Days: 26
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and State or Foreign Country): Sedalia Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Whitehead

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: Lloyd Crawford Palmer
ADDRESS: Bentonville Ark

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Fracture of Skull — Interval between onset and death: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): Rock Island Railroad
21c. (CITY, TOWN, OR TOWNSHIP): Williams
(COUNTY): Benton
(STATE): Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 - 4 1954 6 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Struck By Train

22. *I hereby certify that I attended the deceased from* Never, 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Oliver White Sheriff (Degree or title) C
23b. ADDRESS: Warsaw Mo
23c. DATE SIGNED: 4-4-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr 5th 1954
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Bentonville Arkansas

DATE REC'D BY LOCAL REG.: 4-5-54
REGISTRAR'S SIGNATURE: E L Eckhoff
25. FUNERAL DIRECTOR'S SIGNATURE: E L Eckhoff
ADDRESS: Cole Camp Mo

(Licensed Embalmer's 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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address P.O. Box I Cole Camp 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.