

## STANDARD CERTIFICATE OF DEATH

9307

State File No. ....

FILED MAR 31 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4793 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSberry</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELS BERRY</u>		d. STREET ADDRESS (If rural, give location) <u>102 Browns Mill Road</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 Browns Mill Road</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>HARRY</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>PALMER</u>	(Month) <u>3</u>	(Day) <u>2</u>	(Year) <u>54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 27, 1885</u>		9. AGE (in years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONCRETE CONTRACTOR - RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LINCOLN COUNTY Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Kitson</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Palmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Annie Palmer - Elsberry, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COR MYOCARDITIS</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC DECOMPENSATION</u>				<u>6 years</u>
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)				<u>2 wks</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1222</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)	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>1948</u> , to <u>3-2</u> , 1954, that I last saw the deceased alive on <u>3-2</u> , 1954, and that death occurred at <u>955 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>			(Degree or title) <u>0</u>	23b. ADDRESS <u>ELS BERRY, MO</u>	23c. DATE SIGNED <u>3/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COMMUNITY MAUSOLEUM</u>	24d. LOCATION (City, town, or county) (State) <u>ELS BERRY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 30/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Krentz</u>		45570	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>ELS BERRY, MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

1238 03 10

**STATEMENT BY LICENSED EMBALMER**

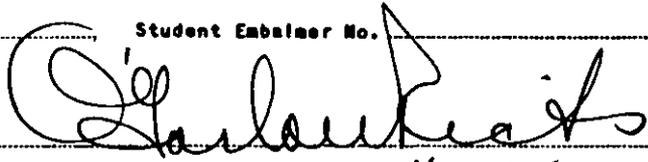
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_



Licensed Embalmer No. \_\_\_\_\_

4012

P. O. Address \_\_\_\_\_

Elberry, 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.