

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22251

State File No. 393
Registrar's No. 5135

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. _____		State File No. <u>5135</u>		Registrar's No. <u>393</u>					
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-ASHHILL TWP.</u>				c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township). <u>Rural-Ashhill Twp.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 MI. South of Fisk</u>				d. STREET ADDRESS (If rural, give location) <u>1 MILE South of Fisk, Mo.</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>ETHEL</u>			b. (Middle) <u>VERONA</u>			c. (Last) <u>PALMER</u>				
4. DATE OF DEATH			(Month) <u>7-</u>			(Day) <u>11-</u>			(Year) <u>1954</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH, 7-1893</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u>4</u> Min.	
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 -----				11. BIRTHPLACE (State or foreign country) <u>Hamilton, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>T.W. WIGINTON</u>				13b. MOTHER'S MAIDEN NAME <u>SARAH E. ADKINS</u>				14. NAME OF HUSBAND OR WIFE <u>U.G. PALMER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Leonord Sudduth Poplar Bluff, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of sigmoid and upper rectum with metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>			
19a. DATE OF OPERATION <u>21 Aug. 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of sigmoid and upper rectum.</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u>		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) <u>No</u>		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>27 July, 1951</u> , to <u>11 July, 1954</u> , that I last saw the deceased alive on <u>10 July, 1954</u> , and that death occurred at <u>6:00</u> m., from the cause and on the date stated above.													
23a. SIGNATURE <u>Hester Harwell, M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>				23c. DATE SIGNED <u>12 July 1954</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Marion, County, Alabama</u>							
DATE REC'D BY LOCAL REG. <u>7/14/54</u>		REGISTRAR'S SIGNATURE <u>R. H. Threlkett</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. White, Fisk, Mo.</u>							

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

RECEIVED
JUL 19 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 7-11-54

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Senchal

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff, 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.