

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22830

|   |                               |  |  |  |   |  |                         |                                  |
|---|-------------------------------|--|--|--|---|--|-------------------------|----------------------------------|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>137</u>  |  | PRIMARY REG. DIST. NO. <u>4218</u>   |   | Registrar's No. <u>48</u>  |                         |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |   |  |                         |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Windsor</u>  |                               | c. LENGTH OF STAY (In this place)<br><u>5 days</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Windsor</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>207 S. Franklin</u>            |                         |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>   |                               |  |  |  |   |  |                         |                                  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>MARY COPELAND PALMER</u>  |                               |  | a. (First)   | b. (Middle)  | c. (Last)   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 15, 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>April 10, 1907</u>               |  | 9. AGE (In years last birthday) <u>47</u>                             | # UNDER 1 YEAR <u>3</u>  | # UNDER 1 YEAR <u>5</u> |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Telephone Operator</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hickman Mills, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |                         |                                  |
| 13a. FATHER'S NAME <u>William Copeland</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Florence Johnson</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Frank 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>Ray B. Jordan</u>   |   | ADDRESS <u>Mo. Hampton, Windsor, Mo.</u>   |                         |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Carcinoma of ovary</u>  |                               |  |  |  |   |  |                         |                                  |
| ANTECEDENT CAUSES   |                               |  |  | DUE TO (b) _____   |   |  |                         |                                  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |                               |  |  | 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 <u>175X</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) (Min.)  |                               | 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>June 1, 1954</u> , to <u>July 15, 1954</u> , that I last saw the deceased alive on <u>July 15, 1954</u> , and that death occurred at <u>3:25 a.m.</u> , from the causes and on the date stated above. |                               |  |  |  |   |  |                         |                                  |
| 23a. SIGNATURE (Degree or title) <u>Ray B. Jordan M.D.</u>  |                               |  |  | 23b. ADDRESS <u>Windsor Mo</u>   |   | 23c. DATE SIGNED <u>7-19-54</u>  |                         |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>7-18-54</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Windsor Missouri</u> |  |                         |                                  |
| DATE REC'D BY LOCAL REG <u>July 18-54</u>   |                               | REGISTRAR'S SIGNATURE <u>Florence Adair</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>  |   | ADDRESS <u>Windsor Mo</u>  |                         |                                  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

JAN 13 1956

MAR 15 1955

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thuidser, 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.