

No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32757

State File No. 158
Registrar's No. 158

FILED SEP 27 1954

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

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 652		State File No. 158		Registrar's No. 158			
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri COUNTY Saline (Institution). c. CITY OR TOWN Rural Grand Pass d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Grand Pass Twp. 61yrs.				c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rural Grand Pass		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 Mi. West of Grand Pass, Mo.				e. STREET ADDRESS (If rural, give location) 1 Mi. West of Grand Pass, Mo.							
3. NAME OF DECEASED (Type or Print) a. (First) Florence			b. (Middle) Cauthorn			c. (Last) Palmer			4. DATE OF DEATH Sept 20 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 6-1893		9. AGE (In years last birthday) 61		10. UNDER 1 YEAR Months 0 Days 14	11. 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 Own Home		11. BIRTHPLACE (City and State or Foreign Country) Waverly, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John W. Cauthorn				13b. MOTHER'S MAIDEN NAME Fannie January			14. NAME OF HUSBAND OR WIFE William N. Palmer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME William N. Palmer, Grand Pass, Mo.				ADDRESS Grand Pass, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis ANTECEDENT CAUSES Hypertension DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Ch. Interstitial Nephritis						INTERVAL BETWEEN ONSET AND DEATH 7			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 443X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 1954 to Sept 20, 1954 , that I last saw the deceased alive on Sept 20, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Type or Print) W. N. Palmer				23b. ADDRESS Waverly, Missouri				23c. DATE SIGNED 9/22/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/22/54		24c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery		24d. LOCATION (City, town, or county) Waverly, Missouri (State) _____					
DATE REC'D BY LOCAL REG. 9-22-54		REGISTRAR'S SIGNATURE Richard J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE J. Neale Sweeney		ADDRESS Waverly, Missouri					

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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..... J. Leilia Sweeney Licensed Embalmer No. 323

P. O. Address... Marabou

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.