

38263

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>33 yrs</u>		c. CITY OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>818 East 6th Street</u>			e. STREET ADDRESS (If rural, give location) <u>818 East 6th Street,</u>		
3. NAME OF DECEASED (Type or Print) <u>OPAL F. PALMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1954</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 26, 1901</u>		9. AGE (In years last birthday) <u>53</u>
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 <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>California, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. Franklin Copas</u>		13b. MOTHER'S MAIDEN NAME <u>Susan E. Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Charles H. 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles H. Palmer, Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ovary</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>
19a. DATE OF OPERATION <u>May 24 - 54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma with metastases to liver 175 x</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) m.	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>May, 1954</u> , to <u>Nov 23, 1954</u> , that I last saw the deceased alive on <u>Nov 23, 1954</u> , and that death occurred at <u>8:45 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. L. Walter</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>Nov 24/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>		
DATE RECD BY LOCAL REG. <u>11-26-54</u>	REGISTRAR'S SIGNATURE <u>Lavina Coont</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Deakart</u>		ADDRESS <u>Sedalia, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

No. 300

10-48

FILED NOV 29 1954

AUG 24 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.....  
Signature of Student Embalmer

Signed *Russell C. Maag*.....

Licensed Embalmer No. *480*.....

P. O. Address *Sedalia,*.....

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.