

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5232**

BIRTH NO.		REG. DIST. NO. 150	PRIMARY REG. DIST. NO. 4239	Registrar's No. 32
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit, 7001		
c. LENGTH OF STAY (to this place) 18 mon.		d. STREET ADDRESS (If rural, give location) 509 West 3rd		
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 West 3rd Street		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1955		
3. NAME OF DECEASED a. (First) Mary		b. (Middle) Ann		c. (Last) Palmer
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 22, 1890		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Holden, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Long		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE O. A. Palmer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 496-10-6984		17. INFORMANT'S SIGNATURE OR NAME O. A. Palmer, Lee's Summit, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 10 minutes		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) arteriosclerosis		
DUE TO (c) none		10 yrs.		
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 none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X
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 12-21, 1954 , to 2-20, 1955 , that I last saw the deceased alive on 1-26, 1954 and that death occurred at 2:00 A. m. , from the causes and on the date stated above.				
23a. SIGNATURE William F. Bell M.D.		23b. ADDRESS Lee's Summit, Mo.		23c. DATE SIGNED Feb. 10, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 12, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Hills
24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Langsford ADDRESS Langsford Funeral Home Lee's Summit		
DATE REC'D BY LOCAL REG. 2-11, 1955		REGISTRAR'S SIGNATURE M. B. Langsford		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8
1957

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 *N. B. Langford Jr.*

N. B. Langford Jr.
Licensed Embalmer No. 4962

P. O. Address Lee's Summit, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.