

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26388

3814

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3814</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7216 Paseo Blvd.</u>				STREET ADDRESS (If rural, give location) <u>7216 Paseo Blvd.</u> 3908					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>G.</u> c. (Last) <u>PALMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 30, 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 26, 1886</u>			
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building Association</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>McCune, Kansas</u>			
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Gilbert F. Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Melinda Scholl</u>		14. NAME OF HUSBAND OR WIFE <u>Edith M. Palmer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>			16. SOCIAL SECURITY NO. <u>486-01-2391</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith M. Palmer</u> ADDRESS <u>7216 Paseo Blvd. Kansas City, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				DUE TO (b) <u>Arteriosclerotic Coronary Thrombosis</u>				<u>3 1/2 Hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>Arteriosclerotic Heart Disease</u>				<u>5 Yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1.) <u>Four Previous myocardial Infarcts</u>				<u>5 Yrs. (over)</u>	
				2.) <u>Cerebral Arteriosclerosis</u>				<u>3 Yrs.</u>	
				3.) <u>Cerebral Thrombosis Rt. Internal capsule</u>				<u>3 Yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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>May</u> , 1951, to <u>30 Aug.</u> , 1955, that I last saw the deceased alive on <u>30 Aug.</u> , 1955, and that death occurred at <u>3:10 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Philip G. Kaul</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>411 Nichols Road</u>			23c. DATE SIGNED <u>31 Aug. 55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-1-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MUEHLEBACH FUNERAL HOME * Kansas City, Mo.</u>					

Dr. ...

Plaza Time ...

Je. 1826

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 ... [Signature] ... Licensed Embalmer No. 4700

P. O. Address Kansas City 1

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.