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FILED OCT 8-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28971

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY OR TOWN <u>Collinsville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>--</u>		STREET ADDRESS (If rural, give location) <u>400 Judah Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. East of Columbia</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>V</u>	c. (Last) <u>Palmer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1955</u>
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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>July 26, 1915</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Breendale, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Marie Palmer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWII</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Army Discharge</u>	ADDRESS _____
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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, assthenia, 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>Multiple fractures of bones, ribcage, Ribs, and Neck</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Automobile Casualty</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40 -</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Columbia</u> (COUNTY) <u>Boone</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 3, 1955, 12:00 A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Highway accident -</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter H. Neal, M.D.</u> (Degree or title)	23b. ADDRESS <u>1309 Barchelle, Columbia, Mo</u>	23c. DATE SIGNED <u>Oct. 3, 55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Red Bud</u>	24d. LOCATION (City, town, or county) (State) <u>Red Bud, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Oct 3 1955</u>	REGISTRAR'S SIGNATURE <u>Mark R. E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynnan Sprinkle</u>	ADDRESS <u>Columbia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1958

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 *Lynwood W. Spunk*

Licensed Embalmer No. *401*

P. O. Address *Cincinnati*

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.