

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30133

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHILLICOTHE		c. LENGTH OF STAY (in this place) 5 YEARS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 29 THIRD STREET		e. STREET ADDRESS (If rural, give location) 5 MILES EAST OF SAMPSEL	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle)	c. (Last) PALMER	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 21, 1955
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 7 FEBRUARY 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 1 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done chiefly most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CHILLICOTHE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME JOHN PALMER	13b. MOTHER'S MAIDEN NAME VINIA MITCHELL	14. NAME OF HUSBAND OR WIFE BESSIE ALNUTT
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS WYMOND PALMER, CHILLICOTHE, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) 4221		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia		

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 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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 20, 1955**, to **Sept 21, 1955**, that I last saw the deceased alive on **Sept 20, 1955**, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph F. Gale (Degree or title) m.d.	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 9-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-24-55	24c. NAME OF CEMETERY OR CREMATORY SOUTH CEMETERY	24d. LOCATION (City, town, or county) (State) CHILLICOTHE, MISSOURI
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DATE REC'D BY LOCAL REG. 9/22/55	REGISTRAR'S SIGNATURE Francis B. Neel	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS NORMAN FUNERAL HOME, CHILLICOTHE MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Elton J. Norman*.....

Licensed Embalmer No. *403*

P. O. Address *Chillicothe*

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.