

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2270**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **252** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia	c. LENGTH OF STAY (In this place) 4 days	c. CITY OR TOWN Sedalia	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 Bothwell hospital		STREET ADDRESS (If rural, give location) 1411 East 13th	

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) BELLE	c. (Last) PALMER	4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1956
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 5, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Potosi, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Oran Fuller	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Orta C. Palmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. H.S. Yoder, Rt. 3, Sedalia, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrointestinal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myopharyngeal hernia DUE TO (c) 9030		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fracture of left ribs		3 days

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 SOURCE (Specify) Rib fracture	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia, Pettis, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 20, 1956 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall across bed at home.
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22. I hereby certify that I attended the deceased from **20 Jan, 1956**, to **23 Jan, 1956**, that I last saw the deceased alive on **23 Jan, 1956**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald C. Porter M.D.	23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 24 Jan 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/56	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 1-26-56	REGISTRAR'S SIGNATURE Helma Coetzee	25. FUNERAL DIRECTOR'S SIGNATURE 251	ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS
DEC 27 1960

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.....
P. E. Baker

Licensed Embalmer No. *2411*
P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.