

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8785**No. 300  
10. 48

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>278</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>SPRINGFIELD</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>1841 S. MISSOURI</u>				e. STREET ADDRESS (If rural, give location) <u>1841 S. MISSOURI</u>				n 3 4 1 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK</u>			b. (Middle) <u>M.</u>		c. (Last) <u>PALMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23 1956</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>JAN. 2, 1928</u>		9. AGE (In years last birthday) <u>28</u>	if UNDER 1 YEAR Months	if UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CASHIER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTROLUX CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>EUGENE PALMER</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE MASSIE</u>			14. NAME OF HUSBAND OR WIFE <u>DELORES PALMER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-26-00114</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DELORES PALMER</u>				ADDRESS <u>SPRINGFIELD, MO.</u>	
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor shot wound in chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>self</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>976x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SPRINGFIELD GREENE MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MARCH 23, 1956 6A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>(See 18A)</u>					
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 <u>6 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles Alfred Wood</u> (Degree or title)				23b. ADDRESS <u>Greene County</u>			23c. DATE SIGNED <u>3/29/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/26/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EASTLAWN</u>		24d. LOCATION (City, town, or county) (State) <sup>1f</sup> <u>SPRINGFIELD, MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>3-30-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. ...</u>		ADDRESS <u>SPRINGFIELD, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 2  
1956

**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 *H. McCann*.....

Licensed Embalmer No. *272*.....

P. O. Address *Springfield*.....

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.