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FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9964

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. EU

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 19 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST FRANCIS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ATCHISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-BENTON TWSP
d. STREET ADDRESS (If rural, give location): NONE

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3. NAME OF DECEASED (Type or Print): a. (First) GUSTAV b. (Middle) ADOLPH c. (Last) PALM

4. DATE OF DEATH (Month) (Day) (Year): 2-28-1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 4-11-1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): ATCHISON CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: AUGUST PALM
13b. MOTHER'S MAIDEN NAME: SOPHIA VOLTMER
14. NAME OF HUSBAND OR WIFE: AUGUSTA PALM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Augusta Palm — ADDRESS: Langdon, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Benign hypertrophy of prostate — 1 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS—
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 610X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 6, 1956 *to* Feb 8, 1956 *that I last saw the deceased alive on* Feb 8, 1956, *and that death occurred at* 10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bruce B Settle MD
23b. ADDRESS: Rock Port Mo
23c. DATE SIGNED: 2-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-29-56
24c. NAME OF CEMETERY OR CREMATORY: HUNTER CEM.
24d. LOCATION (City, town, or county) (State): ROCK PORT. MO

DATE REC'D BY LOCAL REG.: 3 17 56
REGISTRAR'S SIGNATURE: Bess Wolf
25. FUNERAL DIRECTOR'S SIGNATURE: Bartholomew Martinez — ADDRESS: Rock Port, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Gratz Burkhalter

Licensed Embalmer No. 3173

P. O. Address Rock Port, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.