

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017997

State File No.

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5808 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Montgomery ✓	
b. CITY (If outside corporate limits, write RURAL and give township) Montgomery wn	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Rural	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 Home		e. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) Charles F. Palmer			4. DATE OF DEATH (Month) (Day) (Year) 5-13-1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-17-1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lincon Co. Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A		

13a. FATHER'S NAME George Palmer	13b. MOTHER'S MAIDEN NAME Margrette Gilmore	14. NAME OF HUSBAND OR WIFE Elizabeth Palmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Margrette Dunham Montgomery 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Decompensation		INTERVAL BETWEEN ONSET AND DEATH 3 Mrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Coronary Thombosis DUE TO (c) Polycythemia Vera		
II. OTHER SIGNIFICANT CONDITIONS Thrombo Angina Obliterans, and senility Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 21187	19b. MAJOR FINDINGS OF OPERATION 294X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1957, to May 13, 1957, that I last saw the deceased alive on May 13, 1957, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Thompson D.D. (Degree or title)	23b. ADDRESS New Florence Mo	23c. DATE SIGNED May 17, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-17-57	24c. NAME OF CEMETERY OR CREMATORY MONTGOMERY CITY	24d. LOCATION (City, town, or county) (State) MONTGOMERY CITY MO
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DATE REC'D BY LOCAL REG. May 22, '57	REGISTRAR'S SIGNATURE Edgar A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS MONTGOMERY CITY MO
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

500

VIOLATION

VIOLATION

LOCAL

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GENERAL

HOME

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A.E.A.

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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 C.W. Hopkins [Signature]

Licensed Embalmer No. I487 Montgomery City Mo P. O. Address

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.

VIOLATION