

Dept. Health,
, & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

438485

STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 464

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION 11 N. Garth St.		d. STREET ADDRESS (If outside, give location) 11 N. Garth St.	
3. NAME OF DECEASED (Type or print) First Middle Last Clarence A. Palmer		4. DATE OF DEATH Month Day Year Dec. 19, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Boone County, Missouri
13a. FATHER'S NAME George Palmer		13b. MOTHER'S MAIDEN NAME Minnie Cunningham	14. NAME OF HUSBAND OR WIFE Ruth Fortney Palmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. Ruth Palmer, 11 N. Garth, Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound, self-inflicted</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Seconds</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO: (b) DUE TO: (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>976X</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 12 19 57 p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Coroner's care</i> and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm. H. Manson</i>		22b. ADDRESS <i>Columbia Mo.</i>	22c. DATE SIGNED <i>12/19/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 22, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Columbia Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Columbia, Missouri</i>
24. FUNERAL DIRECTOR <i>Parker Funeral Service, Columbia, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Dec 20 1957</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R.E. Palmer</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Tom McHarg*

Licensed Embalmer No. *4067*

P. O. Address *Columbia*

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.