

Health,  
& Welfare  
Public  
Service

STANDARD CERTIFICATE OF DEATH

58-018415  
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2408

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3007 E. 32nd St.</b>		Length of stay <b>LIFE</b> a. <b>3 months</b>	d. STREET ADDRESS (If outside, give location) <b>3007 E. 32nd St.</b>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Rickey</b> Middle <b>Dwayne</b> Last <b>Palmer</b>			4. DATE OF DEATH Month <b>May</b> Day <b>10</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 22, 1958</b>	9. AGE (In years last birthday) <b>3</b> Months <b>18</b> Days	IF UNDER 1 YEAR Hours <b>18</b> Min.	IF UNDER 24 HRS. Hours <b>18</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Haywood Palmer</b>	13b. MOTHER'S MAIDEN NAME <b>Connie P Davis</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Connie Palmer, 3007 E. 32nd St.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Strangulation by semi-liquid food.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>89210</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) <b>Hypertrophied Thyroid Gland</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Strangulation by semi-liquid food.</b>
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20c. TIME OF INJURY <b>12:30 p.m. 5/10/1958</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>3007 E 32</b>	20f. CITY, TOWN, OR LOCATION <b>Kansas City, Jackson, MO</b>	COUNTY <b>Jackson</b> STATE <b>MO</b>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Deputy coroner</b>	22b. ADDRESS <b>1618 Lydia Ave.</b>	22c. DATE SIGNED <b>5/10/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/13/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Cemetery</b>	23d. LOCATION (City, town, or county) (Specify) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Badeau, Appleton &amp; Jones, K.C., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Irene Minshall</b>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
I. M. Tillman

8821

172 1183

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 Conrado G. G. B.

Licensed Embalmer No. 4944

P. O. Address K. S. Ho

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.