

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008180

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 3

300
1-57 4

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada 168 1/2
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #614 No. Washington Belcher Nursing Home		Length of stay in lb 32 years	d. STREET ADDRESS (If outside, give location) 1224 W. Douglas
3. NAME OF DECEASED (Type or print) First Mabel Middle Palmer Last Palmer			4. DATE OF DEATH Month February Day 6 Year 1959
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 13, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Own Home	9c. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	10c. BIRTHPLACE (City and state or country) Fort Scott, Kansas
11. BIRTHPLACE (City and state or country) Fort Scott, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE George Palmer, deceased 1937
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. E. E. Teel Address Nevada, Missouri #11 South College
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive circulatory disease			
DUE TO (c) Advanced age			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced age			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) _____	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION Nevada	COUNTY Vernon STATE Mo.
21. I attended the deceased from Jan 22/59 to Feb 6/59 and last saw her alive on Feb 1-1959 . Death occurred at 3A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. E. Teel (Degree or title)		22b. ADDRESS Nevada, Mo	22c. DATE SIGNED 2-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1959 February 9	23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery	23d. LOCATION (City, town, or county) (State) Nevada, Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 2-14-1959	26. REGISTRAR'S SIGNATURE Arnold E. Ferry

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 stated. All diseases in Part I must be causally related.

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 *P. August Ferry*

Licensed Embalmer No. *4960*
P. O. Address *Therada, Md*

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.