

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013904

STATE FILE NUMBER

FILED APR 28 1959

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 70

300
-57

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 635 Bland		Length of stay in lb 12 yrs.	d. STREET ADDRESS (If outside, give location) 635 Bland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DOOLEY Middle Edgar Last PALMER, SR.			4. DATE OF DEATH Month April Day 18, Year 1959		
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 May 5, 1876	9. AGE (In years (last birthday)) 82	IF UNDER 1 YEAR Months 0 Days 0
IF UNDER 24 HRS. Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & merchant		10b. KIND OF BUSINESS OR INDUSTRY Farming & merchant	11. BIRTHPLACE (City and state or country) Hartville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Palmer		13b. MOTHER'S MAIDEN NAME Susan Smith		14. NAME OF HUSBAND OR WIFE Leslie Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Hugh O. Palmer, Lebanon, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis					INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) _____	592X		
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 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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE			
21. I attended the deceased from 1949 to 4-13-59 and last saw him alive on 4-13-59 Death occurred at 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B B Hurst, M.D. (Degree or title)		22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED 4-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-21-59	23c. NAME OF CEMETERY OR CREMATORY White Oak Pond	23d. LOCATION (City, town, or county) (State) Lebanon, Laclede Co., Missouri		
24. FUNERAL DIRECTOR H. J. Shadel ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 4-20-1959	26. REGISTRAR'S SIGNATURE Hella L. Hays		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *[Handwritten Signature]*

Licensed Embalmer No. *3848*

P. O. Address *[Handwritten 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.