

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017386
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 499

FILED MAY 25 1959

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in lb 10 days	
3. NAME OF DECEASED (Type or print) First Middle Last Earl Leon Palmer		4. DATE OF DEATH Month Day Year May 20, 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 March 31, 1916
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months 1 Days 19 Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY General Mills	11. BIRTHPLACE (City and state or country) Morrisville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ruel W. Palmer	
13b. MOTHER'S MAIDEN NAME Zelma Millican		14. NAME OF HUSBAND OR WIFE Ruth K. Palmer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. War II		16. SOCIAL SECURITY NO. —	17. INFORMANT Address Mrs. Ruth K. Palmer Springfield, 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) Reticulum cell sarcoma			INTERVAL BETWEEN ONSET AND DEATH 5 mos
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) 2000			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. Month, Day, Year _____			
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 Springfield, Mo.		COUNTY Greene STATE Missouri	
21. I attended the deceased from 2-12-59 to 5-20-59 and last saw him alive on 5-20-59 Death occurred at 9:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. B. Lemmon, MD (Degree or title)		22b. ADDRESS Springfield, Mo.	
22c. DATE SIGNED 5-20-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 22, 1959	
23c. NAME OF CEMETERY OR CREMATORY Oakville		23d. LOCATION (City, town, or county) (State) Morrisville, Missouri	
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 5-21-59	
26. REGISTRAR'S SIGNATURE Effie E. Melton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 27 1959

MAY 29 1959

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 *Debbie Gordon*

Licensed Embalmer No. *3717*

P. O. Address *Springfield Mo*

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.