

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021008

FILED JUL 14 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 725-C

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Camden					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 9 days		c. CITY OR TOWN Mack's Creek		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Luther Middle James Last Palmer				4. DATE OF DEATH Month June Day 29 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 22, 1888		9. AGE (last birthday) 71 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier, Minister			10b. KIND OF BUSINESS OR INDUSTRY Postal - Ministry		11. BIRTHPLACE (City and state or country) Camden County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S. A		
13a. FATHER'S NAME Manley J. Palmer			13b. MOTHER'S MAIDEN NAME Emma Fox			14. NAME OF HUSBAND OR WIFE Lou A. Palmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. ?		17. INFORMANT Address Lou A. Palmer Mack's Creek, 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) Retained Pneumonia DUE TO (b) Cerebral Vascular Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 9 days 9 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetes mellitus						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ e.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 6/20/59 to 6/29/59 and last saw him alive on 6/29/59 Death occurred at 12:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Thomas P. Lockhart MD (Degree or title)				22b. ADDRESS Springfield Mo				22c. DATE SIGNED 7/3/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE July 1, 1959		23c. NAME OF CEMETERY OR CREMATORY Mack's Creek Cemetery		23d. LOCATION (City, town, or county) Mack's Creek, Missouri			
24. FUNERAL DIRECTOR ADDRESS Walter P. Hedges Hedges Funeral Home Camdenton, Mo.				25. DATE RECD. BY LOCAL REG. 7-7-59		26. REGISTRAR'S SIGNATURE Effie S. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3961 7 E 1001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter P. Shoup

Licensed Embalmer No. 4265

P. O. Address Iberia, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.