

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

- 60-006475

FILED VS MAR 3 1960/49

Primary Registration District No. 1002

Registrar's No.

879

STATE FILE NUMBER

INDEXED

1-29-60  
 Mable C. Palmateer 1-29-60  
 DOCUMENT  
 Mable C. Palmateer  
 MEDICAL CERTIFICATION  
 Mable C. Palmateer  
 BY AFFIDAVIT OF WIFE  
 9  
 17

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson Douglas</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>5 days</b>		c. CITY OR TOWN <b>Lawrence</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>404 Elm Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>Palmateer</b> Last				4. DATE OF DEATH Month <b>2nd</b> Day <b>13th</b> Year <b>Feb 1960</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-23-98</b>		9. AGE (last birthday) <b>62 yrs</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Lawrence, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>Wallace W. Palmateer</b>			13b. MOTHER'S MAIDEN NAME <b>Nettie W. Edgett</b>			14. NAME OF HUSBAND OR WIFE <b>Mabel Palmateer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1-20-15 to 5-9-19</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mabel V.A. Hospital Record, K.C., Mo</b> <b>Mable C. Palmateer, Lawrence, Kansas</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>SPINAL CORD COMPRESSION AND SOFTNING</b>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Metastatic carcinoma vertebral body ( T-10)</b>							
		DUE TO (c) <b>Adenocarcinoma of stomach</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 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		COUNTY		STATE	
<b>VA</b>				<b>Lawrence</b>		<b>Kansas</b>		<b>Mo</b>	
21. I attended the deceased from <b>February 8, 1960</b> to <b>February 13, 1960</b> Death occurred at <b>8:55 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Albert L. Chasson MD</b>				22b. ADDRESS <b>V.A. Hospital Kansas City, Mo</b>			22c. DATE SIGNED <b>2-13-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2/14/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>-</b>		23d. LOCATION (City, town, or county) <b>Lawrence Kansas</b>				
24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b>				ADDRESS <b>K. C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-13-60</b>		26. REGISTRAR'S SIGNATURE <b>Mable Minshel</b>	

**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 Thomas A. Koehler

Licensed Embalmer No. 4993

P. O. Address K.C. 7

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.