

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001762

AMENDED

Registration District No. 446

Primary Registration District No. 3026

Registrar's No. 87

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED VS FEB 14 1961

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Independence Length of stay in lb 3 days  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Ind Hosp + Sanitarium Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Oak Grove Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) City Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Arthur E Palette Feb 6 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-17-1881 9. AGE (last birthday) 79 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 10b. KIND OF BUSINESS OR INDUSTRY Building 11. BIRTHPLACE (City and state or country) Jackson Co. Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Erasmus Palette 13b. MOTHER'S MARDEN NAME Harriet Francis Renick 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT Birdie Palette Address Oak Grove 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) Peritonitis, secondary to perforated diverticulum of colon. DUE TO (b) Peritonitis, secondary to perforated diverticulum of colon. DUE TO (c) Peritonitis, secondary to perforated diverticulum of colon. INTERVAL BETWEEN ONSET AND DEATH 3 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Arterio Sclerotic Heart (2) Senility PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  N-  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 Feb 3 - 1961 to Feb 6/1961 and last saw him alive on Feb-5-1961  
 Death occurred at 3 A am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Lee Woodman MD 22b. ADDRESS Oak Grove Mo 22c. DATE SIGNED 2-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/8/1961 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem 23d. LOCATION (City, town, or county) (State) Oak Grove Mo

24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Oak Grove Mo 25. DATE RECD. BY LOCAL REG. 2-8-61 26. REGISTRAR'S SIGNATURE James Lee Woodman

MAY 12 1961

**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 William Frost

Licensed Embalmer No. 4733

P. O. Address Blue Springs, 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.