

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038893

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

149

Primary Registration District No. 1002

Registrar's No.

5306

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5306

**FILED NOV 1 1962**

1. PLACE OF DEATH  
 a. COUNTY **Jackson**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **63 Yrs.**  
 c. CITY OR TOWN **Kansas City** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **4404 Walnut Street** Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Jackson**

3. NAME OF DECEASED (Type or print) First Middle Last **WILLIAM W. PALMER** 4. DATE OF DEATH Month Day Year **October 17, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **4-7-1877** 9. AGE (last birthday) **85** 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) **Retired, Doorman, Kansas City Star** 10b. KIND OF BUSINESS OR INDUSTRY **Topeka, Kansas** 11. BIRTHPLACE (City and state or country) **U. S. A.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Jay Palmer** 13b. MOTHER'S MAIDEN NAME **Mathilda Andersen** 14. NAME OF HUSBAND OR WIFE **Hazel F. Palmer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Mrs. Hazel F. Palmer Kansas City, 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) **Acute Myocardial Myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **4 days**  
 DUE TO (b) **Arteriosclerotic Coronary Thrombosis**  
 DUE TO (c) \_\_\_\_\_  
 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.  Yes  No  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 **Oct 16, 62** to **Oct 17, 62** and last saw her/him alive on **Oct 17, 62**. Death occurred at **22** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Harold W. Voth, M.D.** (Degree or title) 22b. ADDRESS **4320 Wornall Kansas City, Mo.** 22c. DATE SIGNED **Oct 17, 62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10-19-62** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Freeman Mortuary, Kansas City, Mo.** 25. DATE RECD. BY LOCAL REG. **10-18-62** 26. REGISTRAR'S SIGNATURE **R. L. Long**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **Harold W. Voth** MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
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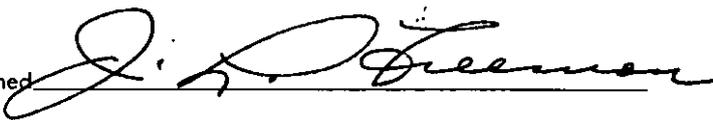
**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 2939

P. O. Address F. C. 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.