

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043332
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. FILED NOV 27 1962 Primary Registration District No. 5659 Registrar's No. 103

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton		Length of stay in lb	c. CITY OR TOWN Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway No. 61		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural, Canton
3. NAME OF DECEASED (Type or print) First Middle Last William Neal Palmer		4. DATE OF DEATH Month Day Year November 17, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 7, 1899
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day laborer		10b. KIND OF BUSINESS OR INDUSTRY Tinner	11. BIRTHPLACE (City and state or country) Williamstown, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charlie Palmer	
13b. MOTHER'S MAIDEN NAME Mary Hutchison		14. NAME OF HUSBAND OR WIFE Never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.2		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Iva Nichols, Williamstown, Mo.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed head, Multiple body injuries		INTERVAL BETWEEN ONSET AND DEATH Instant	
DUE TO (b) Struck by automobile			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Infant 11-19-1962		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 SUICIDE HOMICIDE Accident	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by car while walking on	
20c. TIME OF INJURY Hour Month, Day, Year 11: P.M. 11-17-1962		Highway No. 61 south of Canton, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Near Canton, Lewis County, Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Carl H. Barkley, Coroner		21b. ADDRESS Canton, Mo.	21c. DATE SIGNED 11-19-62
22. BURIAL, CREMATION, REMOVAL (Specify) Burial		22a. DATE Nov. 19, 1962	22b. NAME OF CEMETERY OR CREMATORY Forest Grove
22c. LOCATION (City, town, or county) (State) Canton, Lewis County, Mo.		22d. FUNERAL DIRECTOR ADDRESS Carl H. Barkley, Canton, Mo.	
23. DATE RECD. BY LOCAL REG. 11-21-62		24. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me,
or by Could not be embalmed, too badly mutilated Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl A. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, Miss.

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.