

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41621

State File No. ....

No. 300

10.48

FILED JAN 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 29

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERRY</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERRY</u>		57	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I</u>		d. STREET ADDRESS (If rural, give location) <u>S. 5th STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Shelton</u> c. (Last) <u>Palmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 28-1853</u>	9. AGE (In years last birthday) <u>96 yrs</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Daniel Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>Coryella Legion Amelia Heppel</u>		14. NAME OF WEDDING OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. H. Palmer Elsberry, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA ATYPICAL</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u> <u>YRS</u> <u>2 WKS ±</u> <u>47.7.2</u>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHR MYOCARDITIS</u> DUE TO (c) <u>PULMONARY EDEMA</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1949, to 12-21, 1949, that I last saw the deceased alive on 12-20, 1949, and that death occurred at 8:07 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>ELSBERRY, MO</u>	23c. DATE SIGNED <u>12/23/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 23-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Star Hope Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>near Elsberry, Mo</u>

DATE REC'D BY LOCAL REG. <u>Dec 29/49</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. A. Dwyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifton Miller Elsberry, Mo</u>
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District File Number

District Health Officer No. 9,

RECEIVED JAN 3 1950

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 Jan 21-1950

Student Embalmer No.

working under my personal supervision.

Signed Clifton Miller

Signed .....  
Student Embalmer

Licensed Embalmer No. 3364

P. O. Address Elsbury, 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 this body is not embalmed, fact should be so stated above.