U.S. No. 300
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FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5244

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 240

0538

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

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stoutland 6530
d. STREET ADDRESS (If rural, give location): no street address

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): Shoey
c. (Last): Palmer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 23, 1861
9. AGE (In years last birthday): 88 — If under 1 year: Months 5, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Hardware dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stanton Va.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Palmer
13b. MOTHER'S MAIDEN NAME: Mary Jane Shannon
14. NAME OF HUSBAND OR WIFE: Dorra Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pauline Evans — ADDRESS: Stoutland Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterial Embolus — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — left femoral artery

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Gangrene left thigh & leg

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: terminal Uremia — U.S.A.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/25, 1950, *to* 2/28, 1950, *that I last saw the deceased alive on* 2/27, 1950 *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul A. Jenkins MD
23b. ADDRESS: Lebanon Mo
23c. DATE SIGNED: 1 Mar 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: Stoutland Cemetery
24d. LOCATION (City, town, or county) (State): Stoutland Mo.

DATE REC'D BY LOCAL REG.: 3-3-1950
REGISTRAR'S SIGNATURE: Della L. Hay 420
25. FUNERAL DIRECTOR'S SIGNATURE: W.E. Holman — ADDRESS: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received MAR 4 1950
Laclede County Health Unit
File No. 3-50-40
Date Filed MAR 6 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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.