

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12362

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5510 Registrar's No. 34

420

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Fair View Prop</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fair View Prop</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Fair View Prop 0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fair View Prop</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Senah</u>	b. (Middle) <u>M</u>	c. (Last) <u>Palmer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 13 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-20-1896</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albion Burton</u>	13b. MOTHER'S MAIDEN NAME <u>Adah Summers</u>	14. NAME OF HUSBAND <u>Charley Palmer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Palmer Registrar Mo</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Ch. cholangitis</u> DUE TO (c) <u>non alcoholic</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"/>)
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-16, 1950, to Apr 12, 1951, that I last saw the deceased alive on Apr 12, 1951, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Baggerly M.D.</u>	23b. ADDRESS <u>Monterose, Mo.</u>	23c. DATE SIGNED <u>4-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carsenville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 14-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adams, Hubman & Pennington</u>	ADDRESS <u>Clinton Mo</u>
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RECEIVED 4-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-16-51 _____

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 P. L. Dinning _____

Licensed Embalmer No. 4710 _____

P. O. Address Clinton 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.