S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17303

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5802 Registrar's No. 24

0690
1

1. PLACE OF DEATH
a. COUNTY: Monroe Co. Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence, Rural Woodlawn Twsp.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence Rural Woodlawn Twsp.
d. STREET ADDRESS (If rural, give location): 15 Miles S. E.

0690

3. NAME OF DECEASED (Type or Print): a. (First) SELENEA b. (Middle) c. (Last) EYER

4. DATE OF DEATH (Month) (Day) (Year): 5-13-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-5-1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Kewanee, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Palmer
13b. MOTHER'S MAIDEN NAME: Emma Marsh
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W.C.Eyer, Clarence, 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) CERVICAL VERTEBRA (6TH) FRACTURED — INTERVAL BETWEEN ONSET AND DEATH: 3 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BRAIN CONCUSION FROM FALL — 3 HRS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
E9000 069 21
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): WOODLAWN TOWNSHIP MONROE Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAY 13 52 7 Am.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: FELL DOWN BASEMENT STEPS

22. *I hereby certify that I attended the deceased from* MAY 13, 1952, *to* MAY 13, 1952, *that I last saw the deceased alive on* MAY 13, 1952, *and that death occurred* 9:10A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T R Turner D. O.
23b. ADDRESS: MADISON, Mo.
23c. DATE SIGNED: 5/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-1952
24c. NAME OF CEMETERY OR CREMATORY: Maplewood Cemty.
24d. LOCATION (City, town, or county) (State): Clarence, Mo.

DATE REC'D BY LOCAL REG.: 5/26/52
REGISTRAR'S SIGNATURE: Elsie Robertson 471
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Barkelew-Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 4 1962

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.