

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23651**

1952 AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 33

0100
 1

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

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia		c. LENGTH OF STAY (In this place) years	
d. FULL NAME OF HOSPITAL OR INSTITUTION: South Allen Street		d. STREET ADDRESS (If rural, give location) South Allen	
3. NAME OF DECEASED (Type or Print) a. (First) NOLEN b. (Middle) DENTON c. (Last) PALMER		4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-19-1891
9. AGE (In years, last birthday) 60		10. MONTHS 7	11. DAYS 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY A.B. Chance Co.	11. BIRTHPLACE (State or foreign country) Boone County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Asa Palmer	
13b. MOTHER'S MAIDEN NAME Amanda Patton		14. NAME OF HUSBAND OR WIFE Iva Day Palmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-01-8448	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Denton Palmer, Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Heart Block ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adams-Stokes Syndrome DUE TO (c) Rheumatic Heart 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 416X	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>9-25-52</u> , 19 <u>52</u> , to <u>8-5-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-5-52</u> , 19 <u>52</u> , and that death occurred at <u>10:30</u> Am., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Centralia Mo.	23c. DATE SIGNED 8-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-7-52	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
DATE REC'D BY LOCAL REG. Aug 7-1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Centralia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1957

OCT 13 1957

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

Bill J. Mendon

Signed.....
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address _____

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.