No. 300
10.48

91
0

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

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28947

BIRTH NO. 62598 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 71

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

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission).
a. STATE Mo
b. COUNTY Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits write RURAL and give township) Ste Genevieve
d. STREET ADDRESS (If rural, give location) R # 1

3. NAME OF DECEASED (Type or Print) a. (First) GARY b. (Middle) FRANCIS c. (Last) PALMER

4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1952

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) — 8. DATE OF BIRTH Aug 25, 1952 9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days 6 — IF UNDER 24 HRS. Hours — Min.

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

13a. FATHER'S NAME Palmer Royce Jerome
13b. MOTHER'S MAIDEN NAME Basler Ruth Marie
14. NAME OF HUSBAND OR WIFE —

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Royce Palmer - Ste. Genevieve Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA, Acute — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Baby PREMATURE 7½ mon.
DUE TO (c)

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 776 X
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* Aug 25, 1952 *to* Aug 31, 1952, *that I last saw the deceased alive on* Aug 31, 1952 *and that death occurred at* 3:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE O. Warren (Degree or title) MD.
23b. ADDRESS Perryville Mo
23c. DATE SIGNED 8-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE Sept 2 1952
24c. NAME OF CEMETERY OR CREMATORY St Joseph
24d. LOCATION (City, town, or county) Zell (State) Mo

DATE REC'D BY LOCAL REG. Sept 1-52
REGISTRAR'S SIGNATURE Joe J Goellner
25. FUNERAL DIRECTOR'S SIGNATURE Les Basler
ADDRESS Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.