

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42149**

No. 300  
10.48  
FILED DEC 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **5564** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union TWP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union TWP</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>7 miles east of Annapolis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 miles east of Annapolis</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Memory</b>	c. (Last) <b>Palmer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17, 1952</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 5, 1896</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR <b>9</b> Months <b>12</b> Days	IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Minimum, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Pink Palmer</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Vaughn</b>	14. NAME OF HUSBAND OR WIFE <b>Laura Palmer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <b>yes World War I</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Laura Palmer</b> ADDRESS <b>Minimum, Mo.</b>
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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 <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic nephritis</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **12-11**, 19**52**, to **12-17**, 19**52**, that I last saw the deceased alive on **12-16**, 19**52**, and that death occurred at **12:30P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ben W. Bull</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>9 Ironton, Mo.</b>	23c. DATE SIGNED <b>12-18-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12-20-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Meadows Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Minimum, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-22-52</b>	REGISTRAR'S SIGNATURE <b>Miss Ann Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home</b> ADDRESS <b>Ironton, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 27 1953

JAN 23 1953

JAN 23 1953

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Linton, 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.