

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1954

State File No. **44418**
Registrar's No. **11800**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 44418		Registrar's No. 11800			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Marion							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN Odin		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) Rural Route #1		8120 8					
3. NAME OF DECEASED (Type or Print) a. (First) Millard b. (Middle) Tsom c. (Last) Palmer			4. DATE OF DEATH (Month) (Day) (Year) December 14 1953								
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14 1902		9. AGE (In years last birthday) 51	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HRS. Hours	if UNDER 1 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME James Palmer			13b. MOTHER'S MAIDEN NAME Amanda Weatherholt		14. NAME OF HUSBAND OR WIFE Gladys Palmer						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) Nil		17. INFORMANT'S SIGNATURE OR NAME Gladys Palmer, R.R. 1, Odin, Illinois		ADDRESS					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular embolism In of left leg; suffered ANTECEDENT CAUSES Dec 3 1953, when car operated by deceased ran off a road into culvert Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. accident						INTERVAL BETWEEN ONSET AND DEATH 32			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office, bldg., etc.) Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Odin Illinois							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 3 53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8234							
22. I hereby certify that I attended the deceased from 10 , to 19 , that I had saw the deceased alive on 19 , and that death occurred at 1953 m., from the causes and on the date stated above. 32											
23a. SIGNATURE (Name or title) Patrick C. Taylor, Coroner				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 12.14.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-14-53		24c. NAME OF CEMETERY OR CREMATORY Marshall Creek		24d. LOCATION (City, town, or county) (State) Odin, Illinois					
DATE REC'D BY LOCAL REG. DEC 14 1953		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington					

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

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *5749*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.