

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9374

State File No. ....

FILED MAR 17 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake View Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Lake View Rest Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Smith</u> c. (Last) <u>Palmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 23, 1871</u>
9. AGE (In years last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Stephen Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Palmer</u> ADDRESS <u>Macon Mo.</u>	
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* <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a.) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis (general + cerebral)</u> DUE TO (c) <u>Dietary indiscretion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1. Prostatitis + Cystitis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks several years</u> <u>5 years</u>	
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) <u>260X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>3/31</u> , 1954, that I last saw the deceased alive on <u>3/31</u> , 1954, and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. P. Wurdell D.O.</u> (Degree or title)		23b. ADDRESS <u>Macon</u>	
23c. DATE SIGNED <u>3/5/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Bevier, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u> ADDRESS <u>Macon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/6/54</u>		REGISTRAR'S SIGNATURE <u>Luth McNeely</u> 184	

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

RECEIVED *3.11.54*  
MACON COUNTY HEALTH DEPARTMENT  
County File No. *3.54.27*  
Date Filed *3.12.54*

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.