

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21937**

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **6286** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright	
b. CITY OR TOWN Wood Township		c. CITY OR TOWN Wood Top	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles N.W. of Mtn Grove		e. STREET ADDRESS (if rural, give location) 5 Miles N.W. of Mtn Grove 1140	

3. NAME OF DECEASED (Type or Print) a. (First) Abraham b. (Middle) L. c. (Last) Palston			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug 27, 1867		9. AGE (in years last birthday) 86		10. IF UNDER 1 YEAR Days 9 IF UNDER 4 HRS. Min. 25	
10a. USUAL OCCUPATION (give kind of work done during most of working life, except if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Abbia, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Palston		13b. MOTHER'S MAIDEN NAME Elizabeth Lewis		14. NAME OF HUSBAND OR WIFE Anna Marie Palston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Paul Palston ADDRESS Mtn Grove, 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, asthenia, etc. It means the disease, injury, or complication, which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sunshot Wound			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) 22 Pistol 300 Right Temple			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grove		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wood Top Wright Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 22, 1954 11:30 a.m.		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 **June 22, 1954**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Gable Coroner Mtn Grove, Mo		23b. ADDRESS		23c. DATE SIGNED 6-23-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-25-54		24c. NAME OF CEMETERY OR CREMATORY Hill Crest	
24d. LOCATION (City, town, or county) (State) Mtn Grove, Mo		DATE REC'D BY LOCAL REG. 6-25-54		REGISTRAR'S SIGNATURE A.B. Ames 348-0	
25. FUNERAL DIRECTOR'S SIGNATURE Gable, Mtn Grove, Mo		ADDRESS			

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

RECEIVED JUL 7 1954
WRIGHT CO. HEALTH DEPT.
County File Number 754-78
Date Filed 7-10-54

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.....
Signature of Student Embalmer

Signed *Frank Noble*

Licensed Embalmer No. 412

P. O. Address *Wm. J. ...*

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.