

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22288**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **221**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Kingdom City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 Days</b>		e. STREET ADDRESS (If rural, give location) <b>Lays Tourist Court</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Callaway Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elijah</b> b. (Middle) <b>Scott</b> c. (Last) <b>Palmer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Sept-17-1877</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR: Months <b>10</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caretaker at Lays</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tourist Court</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Fulton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Jerre P. Palmer</b>	13b. MOTHER'S MAIDEN NAME <b>Ollie Boles</b>	14. NAME OF HUSBAND OR WIFE <b>D.K.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>499-03-0221</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. M. L. Schmidt Fulton, Mo.</b>

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>1 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Shock fracture rt tibia</b>		DUE TO (b) <b>Fracture tibia &amp; fibula, left</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis, jail</b>		DUE TO (c) <b>acts accident</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>ESK 4 25</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Motor Vehicle</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Callaway Co, Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7-22-54 6:30 P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hit by automobile</b>

22. I hereby certify that I attended the deceased from **July 22, 1954**, to **July 26, 1954**, that I last saw the deceased alive on **July 26, 1954**, and that death occurred at **2:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Patricia F. Lamer, M.D.</b>	23b. ADDRESS <b>607 Court St, Fulton</b>	23c. DATE SIGNED <b>7/27/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July-28-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old Hillcrest Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton Callaway Co Mo</b>
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DATE REC'D BY LOCAL REG. <b>July 27-1954</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wallace Funeral Home Fulton Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Dennis C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fulton*.....

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.