

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH33197
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY-REG. DIST. NO. <u>4063</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>				
b. CITY OR TOWN <u>Hamilton</u>		c. LENGTH OF STAY (In this place) <u>4 Yrs.</u>		c. CITY OR TOWN <u>Hamilton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				F. STREET ADDRESS (If rural, give location) <u>0130</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Palmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 13, 1875</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ashbel Palmer</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Grove</u>		14. NAME OF HUSBAND OR WIFE <u>Rebecca Jane Palmer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Palmer</u> ADDRESS <u>Hamilton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arteriosclerotic Heart Disease</u> *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) <u>Arteriosclerotic Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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>Hamilton Caldwell Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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>OCT 1, 1954</u> , to <u>OCT 11, 1954</u> , that I last saw the deceased alive on <u>OCT 11, 1954</u> , and that death occurred at <u>2:50 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Frank A. Doley M.D.</u>					23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>Oct. 12, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lickfork Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nettleton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 13, 54</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u> 37			25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris A. Brann</u> ADDRESS <u>Hamilton, Mo.</u>			

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

MAY 22 1956

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.....
Licensed Embalmer No. 391

P. O. Address..... Hamilton

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.