

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11075**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **435**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> )		c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>123 W. Buffalo St.</b>		STREET ADDRESS (If rural, give location) <b>123 W. Buffalo St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>IDA</b>	b. (Middle)	c. (Last) <b>PALMER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1955</b>
--	-----------------------	-------------	-------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 22, 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Buchanan County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>William Tindle</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Swinney</b>	14. NAME OF HUSBAND OR WIFE <b>John Palmer (de)</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Palmer, 125 W. Buffalo St.</b>	ADDRESS
---	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION <b>St. Joseph, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unk.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>-Coronary Occlusion</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving DUE TO (b) _____			
the underlying cause last.			
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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **9/9**, 19**54**, to **4/21**, 19**55**, that I last saw the deceased alive on **4/20**, 1955, and that death occurred at **12:15P** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Edna ...</i>	(Degree or title)	23b. ADDRESS <b>Tootle Building St. Joseph, Missouri</b>	23c. DATE SIGNED <b>4/22/55</b>
--------------------------------	-------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-23-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>April 27, 1955</b>	REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i>	43.5	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul ...</i>	ADDRESS <b>St. Joseph, Mo.</b>
--	---	------	--	--------------------------------

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

**STATEMENT BY LICENSED EMBALMER**

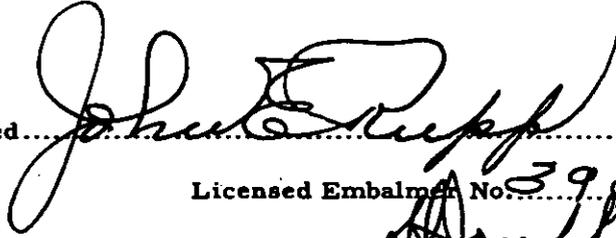
I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~only~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 39

P. O. Address Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.