

No. 100  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19691**  
83

FILED JUL 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY OR TOWN <b>Waynesville</b>		c. CITY OR TOWN <b>St Roberts</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>- - - -</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Waynesville General Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Orma</b>	b. (Middle) <b>- - -</b>	c. (Last) <b>Palmer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 7 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 16 1929</b>	9. AGE (In years last birthday) <b>26</b>	10. MONTHS <b>4</b>	11. DAYS <b>22</b>	12. HOURS <b>-</b>	13. MIN. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wyoming</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Eddie Corder</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Idell Judd</b>	14. NAME OF HUSBAND OR WIFE <b>Clarence Palmer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>- - - -</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Palmer</b> ADDRESS <b>St Roberts, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Bronchial Asthma</b> Morbid conditions, if any, giving rise to the above cause (a) stating 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 <b>241X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I ~~examined the body~~ **examined the body** on **July 7**, 19**55**, and that death occurred at **11:15 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Marion Paul, Sheriff Acting Coroner</b>	23b. ADDRESS <b>Waynesville, Missouri</b>	23c. DATE SIGNED <b>July 7 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>July 7 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hartville Missouri</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>7-7-55</b>	REGISTRAR'S SIGNATURE <b>Paula...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter...</b> ADDRESS <b>Hedges Funeral Homes Inc Crocker Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-7-55  
Putnam County Health Officers  
File Number 4-9-55  
Date Filed 4-9-55

JUL 30 1955

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 *Clarence Pross*

Licensed Embalmer No. 4894

P. O. Address *Wayman*

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.