

FILED FEB 14 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **3484**

BIRTH NO.		REG. DIST. NO. <b>323</b>		PRIMARY REG. DIST. NO. <b>4474</b>		Registrar's No. <b>4</b>	
1. PLACE OF DEATH a. COUNTY <b>SALINE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SWEET SPRINGS</b>		c. LENGTH OF STAY (in this place) <b>11 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HOUSTONIA</b>		D 880	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LANGE REST HOME</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>LEVISA ALTAMIRA PALMER</b>			a. (First) <b>LEVISA</b> b. (Middle) <b>ALTAMIRA</b> c. (Last) <b>PALMER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 8, 1956</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>DEC. 16, 1865</b>	
9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months <b>90</b> Days		IF UNDER 1 HR. Hours <b>90</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>PHELPS COUNTY, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>ALFRED RICHARDSON</b>			13b. MOTHER'S MAIDEN NAME <b>ALTAMIRA HUFFMAN</b>		14. NAME OF HUSBAND OR WIFE <b>ELIWA KIRK PALMER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. A. R. RHINEHART, HOUSTONIA, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>					<b>10 yrs.</b>
		DUE TO (c) <b>Smoking</b>					<b>10 yrs.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebrovascular Occult</b>					<b>3 mo.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>4500</b> 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) (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 <b>1954</b> , 19___, to <b>2/8</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>2/6</b> , 19 <b>56</b> , and that death occurred at <b>11:30 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Charles W. Miller MD</b>				23b. ADDRESS <b>Sweet Springs, Mo</b>		23c. DATE SIGNED <b>2/10/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 11, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HOUSTONIA CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>HOUSTONIA Mo</b>	
DATE REC'D BY LOCAL REG. <b>Feb 10, 1956</b>		REGISTRAR'S SIGNATURE <b>Mary Massey</b>		509 <b>L.F. Packer, Sweet Springs, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(License of Embalmer's Statement on Reverse Side)

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 .....

Student Embalmer

Signed

*L. F. Parker*

Licensed Embalmer No. ....

3840

P. O. Address

*Sweet Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.