

FILED JUL 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24459**

BIRTH NO. _____ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **5797** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Willow Fork		c. LENGTH OF STAY (In this place) Fortuna	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles S.E. Tipton		4. STREET ADDRESS (If rural, give location) 6 Miles S.E. Tipton	

3. NAME OF DECEASED (Type or Print) Alma L'Hommedieu Palmer			4. DATE OF DEATH July, 9th, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 2 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Bunceton, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME William Whitaker		13b. MOTHER'S MAIDEN NAME Clara Bell Mc Cullough		14. NAME OF HUSBAND OR WIFE Russell J. Palmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Russell J. Palmer (Husband) ADDRESS Fortuna, Mo	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson's Disease		INTERVAL BETWEEN ONSET AND DEATH 2 years
	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) Fortuna Moniteau Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Aug 2, 1956** to **July 9, 1956**, that I last saw the deceased alive on **July 9, 1956**, and that death occurred at **Fortuna, Mo**, from the causes and on the date stated above.

23a. SIGNATURE **L. W. Bunion D.O.** (Degree or title) 23b. ADDRESS **Fortuna, Mo** 23c. DATE SIGNED **7/10/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July, 11, 1956** 24c. NAME OF CEMETERY OR CREMATOR **Bunceton Masonic Cemetery** 24d. LOCATION (City, town, or county) (State) **Bunceton, Missouri**

DATE REC'D BY LOCAL REG **July 13 - 56** REGISTRAR'S SIGNATURE **Mrs. Maude Hudson** FUNERAL DIRECTOR'S SIGNATURE **Jessie L. Richards** ADDRESS **Lepton**

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 *Jessie E. Richard*
Licensed Embalmer No. *2466*
P. O. Address *Lepton,*

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.