

STANDARD CERTIFICATE OF DEATH

30432
STATE FILE NUMBER

FILED SEP 24 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 825A

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield 0396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1262 Oak Grove Ave.		Length of stay in 1b 9 yrs.	
		d. STREET ADDRESS (If outside, give location) 1262 Oak Grove Ave.	

3. NAME OF DECEASED (Type or print) First Minnie Middle A. Last Palmer			4. DATE OF DEATH Month Sept. Day 10 Year 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 1, 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 country) Sullivan County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME Lot B. Lantz	14. MOTHER'S MAIDEN NAME Peneti Minnis
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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 Address F.H. Palmer, Springfield, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary carcinoma		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Generalized arteriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 163x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1954 to Sept 19, 1956 and last saw her alive on Sept 8, 1956 Death occurred at 6:15a on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dean Cunningham M.D.	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 9-15-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-13-'56	23c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	23d. LOCATION (City, town, or county) (State) Jasper County, Missouri
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24. FUNERAL DIRECTOR Rep. K...	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 9-18-56	26. REGISTRAR'S SIGNATURE Edith Williams
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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. 3312

P. O. Address Springfield

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