

FILED SEP 17 1956

Registration District No. 137 Primary Registration District No. 3023 Registrar No. 273

| | | | | | | | | | |
|--|-------------------------------|---|---|--|--|--|---|-------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Clinton</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Moore Rest Home</u> | | | Length of stay in lb <u>4 1/2 yrs</u> | | d. STREET ADDRESS (If outside, give location) <u>901 N 2nd</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>FLOYD</u> Middle <u>KECK</u> Last <u>PALMER</u> | | | | 4. DATE OF DEATH Month <u>Sept</u> Day <u>13</u> Year <u>1956</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Sept. 23, 1891</u> | | 9. AGE (In years last birthday) Months <u>65</u> Days <u>11</u> Hours <u>20</u> Min. <u>-</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and state or country) <u>Cedar County Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13. FATHER'S NAME <u>Daniel Palmer</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Mary Palmer</u> | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>no</u> <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT <u>Moore Rest Home Records</u> Address <u>Clinton</u> | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Bilateral varicose leg ulcers</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 | |
| 21. I attended the deceased from <u>May 1, 1951</u> to <u>Sept. 13, 1956</u> and last saw <u>him</u> alive on <u>9/12/56</u> Death occurred at <u>12:30 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>S. B. Hughes, M.D.</u> | | | | 22b. ADDRESS <u>Clinton Mo</u> | | | 22c. DATE SIGNED <u>9-13-56</u> | | |
| 23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Sept 13 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Speaks Funeral Home</u> | | 23d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u> | | | | |
| 24. FUNERAL DIRECTOR <u>Speaks Funeral Home</u> ADDRESS <u>Clinton Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>9-13-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

300 1-56
 All 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

MEDICAL CERTIFICATION

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. 45

P. O. Address Center

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.