

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33563**

FILED OCT 18 1956

BIRTH NO. _____		REG. DIST. NO. <u>108</u>		PRIMARY REG. DIST. NO. <u>5423</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY OR TOWN <u>Senath, Rt. 1 Salem</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Senath, Mo.</u>		d. Is 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				e. STREET ADDRESS (If rural, give location) <u>Rt. 1 South West of Senath</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Thomas</u>	b. (Middle) <u>Jefferson</u>	c. (Last) <u>Palmer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1956</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 9 1878</u>			
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer (retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Senath, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Aaron Palmer</u>			13b. MOTHER'S MAIDEN NAME <u>Paralee Cook</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Palmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Marie Palmer</u> ADDRESS <u>Rt. 1 Senath</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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)		<u>4201</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Quinton Tarver</u> (Degree or title) <u>3</u>						23b. ADDRESS <u>Kennett, Missouri</u>		23c. DATE SIGNED <u>9-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/27/ 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lulu Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-2-56</u>		REGISTRAR'S SIGNATURE <u>Wm J H Ranier</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Daniels Funeral Service</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY H
DEPARTMENT ...10-2-56
COUNTY FILE NUMBER ...105

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.....
Edwin L. ...

Licensed Embalmer No. ...488

P. O. Address ...
Seneca

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.