

FILED NOV 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. **37549**

BIRTH NO. _____		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 5423		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Senath, Mo. Rt. 1		c. LENGTH OF STAY (In this place) 1		c. CITY OR TOWN Senath, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				e. STREET ADDRESS (If rural, give location) South-west of Senath, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) Ella		b. (Middle) Pace		c. (Last) Palmer	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 3 1956		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 12/15/1885		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ira Pace		13b. MOTHER'S MAIDEN NAME Angeline Ware		14. NAME OF HUSBAND OR WIFE Tom Palmer			
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 ADDRESS Tom Palmer Senath, Mo. Rt. 1			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 443x	
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 _____, 19____, to 9-3 , 19 56 , that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00A m., from the causes and on the date stated above.							
23a. SIGNATURE W. W. Englebert, M.D. (Degree or title)				23b. ADDRESS Cardwell Mo		23c. DATE SIGNED 10-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/4/1956		24c. NAME OF CEMETERY OR CREMATORY Lulu Cemetery		24d. LOCATION (City, town, or county) (State) Senath, Mo.	
DATE REC'D BY LOCAL REG. 11-23-56		REGISTRAR'S SIGNATURE Mrs. J. H. Rainier		25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Serv.		ADDRESS Senath, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

91-1

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT11-27-56

COUNTY FILE NUMBER :1156

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. Brown

Licensed Embalmer No.....484

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.