

FILED APR 1 - 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5824 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- St. Johns		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN New Madrid		072/0 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conran Dike			Length of stay in 1b Few Hours		d. STREET ADDRESS (If outside, give location) 939 Mott St.		
3. NAME OF DECEASED (Type or print) Ralford Elton Palmer				4. DATE OF DEATH Month March Day 9 Year 57			
5. SEX <input type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1942		9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 8 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Dyersburg, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Turner Palmer				14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Charles T. Palmer, New Madrid, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant, by all records death was Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) due to drowning. DUE TO (c) 9298							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 42							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Fell out of a boat and drown in Conran Dike hole.				
20c. TIME OF INJURY Hour 8:00am a. m. Mar. 9, 57 p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Conran Dike		20f. CITY, TOWN, OR LOCATION 072 COUNTY New Madrid, Missouri STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Fay Hedgkoth Carmis				22b. ADDRESS New Madrid, Missouri		22c. DATE SIGNED 3/11/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10 Mar. 57	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Dyersburg, Tenn.		
24. FUNERAL DIRECTOR ADDRESS Richards Undertaking Co. New Madrid, Mo.			25. DATE RECD. BY LOCAL REG. Mar 11, 1957		26. REGISTRAR'S SIGNATURE Fay Hedgkoth		

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. Securing the nearest certification in this specific manner required by 1957-1960-1964-1967-1974.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
1-56

512

DATE RECEIVED MAR 26 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 Tommy L. Roberts
Licensed Embalmer No. 488

P. O. Address New Madrid

**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.**