

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23746**

FILED AUG 1 1957

BIRTH NO.		REG. DIST. NO. <b>46</b>		PRIMARY REG. DIST. NO. <b>4066</b>		Registrar's No. <b>40</b>	
1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kingston</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Kingston</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>0130</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edith</b>		b. (Middle) <b>Melyie</b>		c. (Last) <b>Palmer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 19 57</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH (last birthday) <b>May 28-1877 80</b>	
9. IF UNDER 1 YEAR Months		9. IF UNDER 1 YEAR Days		9. IF UNDER 24 HRS. Hours		9. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Caldwell County, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>Unknown</b>			
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>William H. Palmer</b>			
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. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John Guffey, Kingston, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				<b>6 hrs.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Cardio-Vascular Disease</b>				<b>10 yrs</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <input checked="" type="checkbox"/> 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) <b>4201</b>			
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 <b>1957</b> , to <b>July 19, 1957</b> , that I last saw the deceased alive on <b>July 19, 1957</b> , and that death occurred at <b>9:00 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Herbert R. Booth M.D.</b>				23b. ADDRESS <b>Hamilton Mo</b>		23c. DATE SIGNED <b>7/20/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-22-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kingston Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kingston, Missouri</b>	
DATE REC'D BY LOCAL REG <b>July-25-57</b>		REGISTRAR'S SIGNATURE <b>Glady's Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cramer Clark, Kingston, Mo.</b>			

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

**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... *Cramer Clark* .....

Licensed Embalmer No. *325*

P. O. Address... *Kingston*

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.