

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41042**
 BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **4291** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Monroe		c. LENGTH OF STAY (in this place) 1 year	c. CITY OR TOWN Old Monroe		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 In a boat in Cuivre River - boat anchored to dock			e. STREET ADDRESS (If rural, give location) 0570		
3. NAME OF DECEASED (Type or Print) a. (First) Fount Cleveland b. (Middle) Palmer c. (Last) Palmer			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed divorced	8. DATE OF BIRTH April 26, 1884	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) station agent & operator		10b. KIND OF BUSINESS OR INDUSTRY Burlington R. R.	11. BIRTHPLACE (City and State or Foreign Country) Elsberry, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Shelton Palmer		13b. MOTHER'S MAIDEN NAME Lou Zumwalt	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 707-97-6756 NO. RR #A-403043	17. INFORMANT'S SIGNATURE OR NAME Harry H. Palmer ADDRESS Elsberry, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis				at once
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardio-Vascular Renal Disease		5 years
			DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Obesity		4201
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Feb 5, 1957 , to Nov. 5, 1957 that I last saw the deceased alive on Nov. 5, 1957 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Frank L. Sutton, M.D.			23b. ADDRESS Winfield, Mo.		23c. DATE SIGNED 11/8/57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 8, 1957	24c. NAME OF CEMETERY OR CREMATORY Star Hope Cemetery	24d. LOCATION (City, town, or county) (State) RFD Elsberry, Mo.		
DATE REC'D BY LOCAL REG. NOV 15 1957		REGISTRAR'S SIGNATURE Kell-B. Schoenhein	25. FUNERAL DIRECTOR'S SIGNATURE Ricks Funeral Homes - Elsberry, Mo. ADDRESS		

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

NOV 19 1957
DEC 2 1957

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 *Garland*.....

Licensed Embalmer No. *4017*

P. O. Address *Elsherry*

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.