

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009104

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 73

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Callaway</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Fulton</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |  | c. CITY<br>OR<br>TOWN <b>Fulton</b>   |  | 0143<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Callaway Hospital</b>   |  |  |  | Length of stay in 1b<br><b>6 Hrs.</b>   |  | d. STREET ADDRESS <b>210 W. 7th St.</b> (If outside, give location)   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Ollie</b>   |  | First <b>Ollie</b>   |  | Middle <b>K.</b>  |  | Last <b>Palmer</b>  |  |
| 4. DATE OF DEATH<br><b>April 6 1958</b>  |  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>6</b> Year <b>1958</b>                                   |  | 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>   |  | 8. DATE OF BIRTH<br><b>Dec. 30, 1865</b>   |  | 9. AGE (In years last birthday)<br><b>92</b>  |  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>                               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Callaway Co, Mo. 0</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13. FATHER'S NAME<br><b>Judge Frank Peters</b>   |  |  |  | 14. MOTHER'S MAIDEN NAME<br><b>Katherine Jones</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT<br><b>Mrs. M. L. Schmidt, Fulton, Mo.</b> Address   |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b>   |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |  |  |   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |  |  |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>           |  |
| 20a. ACCIDENT <input 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.)<br><b>492X</b> |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <b>March 25/58</b> and last saw her alive on <b>April 6/58</b><br>Death occurred at <b>11:30</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |   |  |   |  |
| 22a. SIGNATURE<br><b>[Signature]</b> (Degree or title)   |  |  |  | 22b. ADDRESS<br><b>Fulton Mo</b>  |  | 22c. DATE SIGNED<br><b>4/11/58</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>Apr. 8, 1958</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Old Auxvasse Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Rural Callaway Co, Mo</b>                               |  |
| 24. FUNERAL DIRECTOR<br><b>Wallace Funeral Home, Fulton, Mo</b> ADDRESS  |  |  |  | 25. DATE RECD. BY LOCAL REG.<br><b>April 7, 1958</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Maretha Lawrence</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Hector R. Moore*.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.