U.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029728
State File No.

FILED AUG 18 1958

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5808 Registrar's No. 104

0700

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

1. PLACE OF DEATH
a. COUNTY: MONTGOMEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Mary Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO 0700
b. COUNTY: MONTGOMERY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BEARCREEK
d. STREET ADDRESS (If rural, give location): 2½ Miles West of Jonesburg

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): OWENINGS
c. (Last): PALMER

4. DATE OF DEATH (Month) (Day) (Year): July 24 58

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 23 1883
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montgomery County Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: GEO. W PALMER
13b. MOTHER'S MAIDEN NAME: SUIE OWENINGS
14. NAME OF HUSBAND OR WIFE: Florence 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: Wm Palmer New Florence

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Approx. 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coronary Heart Disease, Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

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): 2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/13/ , 1958, *to* 7/24 , 1958, *that I last saw the deceased alive on* 7/24/ , 1958, *and that death occurred at* 4:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Thompson DO
23b. ADDRESS: New Florence Mo
23c. DATE SIGNED: July 25, 1958

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-25-58
24c. NAME OF CEMETERY OR CREMATORY: Mount Pleasant
24d. LOCATION (City, town, or county) (State): High Hill Mo

DATE REC'D BY LOCAL REG.: 8-13-58
REGISTRAR'S SIGNATURE: Laura L Callaway
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. A. Harding Jonesburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Earl A Harding

Licensed Embalmer No. 4165

P. O. Address Jonesburg Mo

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 this body is not embalmed, fact should be so stated above.