

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008437
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 152

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Township | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Columbia | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 4 | Length of stay in lb 25 yrs | d. STREET ADDRESS (If outside, give location) Route 4 | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Ezra Middle Tilden Last Palmer | | | 4. DATE OF DEATH Month 3 Day 31 Year 59 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 5, 1883 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 9. AGE (In years last birthday) 75 |
| 11a. BIRTHPLACE (City and state or country) Boone County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME W. P. Palmer | | 13b. MOTHER'S MAIDEN NAME Mary Palmer | 14. NAME OF HUSBAND OR WIFE Zola Palmer |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. Hazel Callison Columbia, 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) Drowning | | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Being pinned in shallow water under a tractor | | | 912/3 |
| 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) Deceased was riding on a tractor, crossing a creek. Tractor overturned pinning him beneath it in about 2 feet of water | | |
| 20c. TIME OF INJURY Hour 9:20 a.m. Month, Day, Year Mar 31, 59 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION Columbia | COUNTY Boone | STATE Missouri |
| 21. I attended the deceased from Coroner's Case last saw her alive on 9:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Vincent P. Perma MD | | 22b. ADDRESS Supt of Pathology Univ of Mo. | 22c. DATE SIGNED 31 Mar. 59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/2/59 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Columbia, Missouri | 23d. LOCATION (City, town, county) (State) Columbia, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo. | | 25. DATE RECD. BY LOCAL REG. April 1, 1959 | 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lyman Sprinkle*
 Licensed Embalmer No. *4013*
 P. O. Address *Columbia, 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.

APR 9 1959

Lyman Sprinkle Columbia, Mo.
 Burial 4/5/59