

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014189
STATE FILE NUMBER

Registration District No. 225 Primary Registration District No. 5797 Registrar's No. 3

300
-57

FILED APR 20 1959

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Willow Fork</u> | | c. CITY OR TOWN <u>Tipton</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Miles S. W. Tipton</u> | | d. STREET ADDRESS (If outside, give location) <u>17 Yrs 6 Miles S.W. Tipton</u> | |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Russell</u> Middle <u>James</u> Last <u>Palmer</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>9th</u> Year <u>1959</u> | | |
|---|--|--|--|--|--|

| | | | | | |
|-----------------------|----------------------------------|---|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>November 1, 1887</u> | 9. AGE (In years last birthday) <u>71</u> | |
|-----------------------|----------------------------------|---|---|--|--|

| | | | |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and state or country) <u>Cooper County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|---|--|--|---|

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>James Beverly Palmer</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Collins</u> | 14. NAME OF HUSBAND OR WIFE <u>Alma Palmer (deceased)</u> |
|---|--|--|

| | | |
|--|--|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Beverly Palmer, (son) Tipton, Mo.</u> |
|--|--|---|

| | | |
|---|------------------------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>arteriosclerosis</u> | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

| | |
|---|--|
| 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.) |
|---|--|

| | | | |
|---|---|--|--|
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT <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 Death occurred at <u>Aug. 2, 1947</u> to <u>April 9, 1959</u> and last saw him alive on <u>April 8, 1959</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
|--|

| | | |
|---|-----------------------------------|------------------------------------|
| 22a. SIGNATURE <u>D. D. Bacon D.O.</u> (Degree or title) | 22b. ADDRESS <u>California</u> | 22c. DATE SIGNED <u>4/10/59</u> |
|---|-----------------------------------|------------------------------------|

| | | | |
|--|------------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>March 12, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bunceton Masonic</u> | 23d. LOCATION (City, town, or county) (State) <u>Bunceton, Missouri.</u> |
|--|------------------------------------|---|---|

| | | |
|--|--|---|
| 24. FUNERAL DIRECTOR <u>James E. Richards</u> ADDRESS <u>Tipton, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Apr. 13, 1959</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u> |
|--|--|---|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

APR 23 1959

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 *James E. Richards*

Licensed Embalmer No. *2466*

P. O. Address *Tipton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.