DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029254
STATE FILE NUMBER

FILED VS SEP 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4201

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 39 yrs.	c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's Hospital — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) Hyde Park Hotel 36th. & Broadway — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Russell	Middle: R.	Last: Palmer	4. DATE OF DEATH Month Day Year: August 27, 1959
5. SEX: male	6. COLOR OR RACE: white	7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☒	8. DATE OF BIRTH: 8-6-1899	9. AGE (last birthday): 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Sup. at Post. Office.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Boliver Penn.	12. CITIZEN OF WHAT COUNTRY: U. S.	
13a. FATHER'S NAME: unknown	13b. MOTHER'S MAIDEN NAME: unknown	14. NAME OF HUSBAND OR WIFE: Doris Irene Palmer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. 1	16. SOCIAL SECURITY NO.: 488-38-6075	17. INFORMANT Address: Donald W. Palmer 9802 Bennington Hickman Mills Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 —, to — and last saw her/him alive on —

Death occurred at — m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Abraham Gelfarm M.D. Director Health & Hospitals	22b. ADDRESS: City Hall, Kansas City, Mo.	22c. DATE SIGNED: 8-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-29-59	23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.		
24. FUNERAL DIRECTOR: D. W. Newcomer's Sons — ADDRESS: K. C. Mo.	25. DATE RECD. BY LOCAL REG.: 8-28-59	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Roger T. Fuller

Licensed Embalmer No. 4818

P. O. Address KC, Mo.

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