

DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS
URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040279

STATE FILE NUMBER

RECEIVED

FILED NOV 20 1959 149

Primary Registration District No. 1002 Registrar's No. **5345**

5345

11-19-59

None

709-12-0349

16

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF **Bernidene Colvin**
Herbert Shuey

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 34 Yrs. c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) 3816 Flora Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Edgar Middle J. Last Palmer			4. DATE OF DEATH Month Nov. Day 5, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Passenger Trainment		11. BIRTHPLACE (City and state or Ohio) McConnelville, OH	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME James Palmer		13b. MOTHER'S MAIDEN NAME Susanna Hess.	
14. NAME OF HUSBAND OR WIFE Edith A. Palmer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-12-0349	
17. INFORMANT Bernidene Colvin, 3816 Flora, K. C., 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) Hypostatic pneumonia. (terminal) DUE TO (b) Resection of prostate DUE TO (c) Urinary retention due to hypertrophy of prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 3 days 19 days	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1-28-56</u> to <u>11-5-59</u> and last saw him alive on <u>11-5-59</u> Death occurred at <u>11:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Herbert Shuey</i> (Degree or title) M.D.			22b. ADDRESS 3903 Brooklyn		22c. DATE SIGNED 11-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-9-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Missouri ADDRESS			25. DATE RECD. BY LOCAL REG. 11-6-59	26. REGISTRAR'S SIGNATURE <i>Herbert Shuey</i>	

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 Thomas A. Foster

Licensed Embalmer No. 4995

P. O. Address H. C., W.

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.