

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 20 1960 301

Primary Registration District No. Registrar's No. 3

STATE FILE NUMBER -59-046922

1. PLACE OF DEATH a. COUNTY <i>Ripley</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ripley</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Doniphan</i>	Length of stay in 1b <i>3 months</i>	c. CITY OR TOWN <i>Doniphan</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>809 E. Pine St.</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>809 E. Pine St.</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Luther Abraham Palmer</i>			4. DATE OF DEATH Month Day Year <i>Dec. 30, 1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 11, 1891</i>	9. AGE (last birthday) <i>68</i>	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) <i>FARMER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>		11. BIRTHPLACE (City and state or country) <i>Brownwood, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>

13a. FATHER'S NAME <i>Take Palmer</i>		13b. MOTHER'S MAIDEN NAME <i>Jennie Backler</i>		14. NAME OF HUSBAND OR WIFE <i>MARY Palmer</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>494-05-9700</i>		17. INFORMANT <i>MARY Palmer</i> Address <i>809 E. Pine Doniphan, Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Coronary Thrombosis*

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

DUE TO (b) *Atherosclerosis*

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH *unrecd.*

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

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 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 <i>2-14-59</i> to <i>12-28-59</i> and last saw ^{the} him _{live} on <i>12-28-59</i> Death occurred at <i>12¹⁵ P.M. 12-30-59</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>William Barnhart, D.O.</i>		22b. ADDRESS <i>Doniphan, Mo.</i>		22c. DATE SIGNED <i>1-2-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>JAN. 1, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Stanfield Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Clarkton, Missouri</i>	
24. FUNERAL DIRECTOR <i>Edwards Funeral Home Doniphan, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>1-12-60</i>	26. REGISTRAR'S SIGNATURE <i>Flava Broz</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JAN 20 1960

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

Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor,

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