

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018213

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED JUN 4 1962
 Report on Form No. 43 Primary Registration District No. 3007 Registrar's No. 807

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
0128							
2128							
3							
4 0							
5 0							
6							
7 0							
8 2							
94200							
10							
11							
12 5-c							
13 1-0							

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 71 YEARS		c. CITY OR TOWN POPLAR BLUFF, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. HOSPITAL			d. STREET ADDRESS (If outside, give location) 1032 N. 2nd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ALBERT Middle JEFFERSON Last PALMER			4. DATE OF DEATH Month MAY Day 22 Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-20-91	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) POPLAR BLUFF, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN PALMER		13b. MOTHER'S MAIDEN NAME ANGELINE HOGG	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW1			
16. SOCIAL SECURITY NO.		17. INFORMANT VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE, WITH AURICULAR FIBRILLATION DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND NOT RELATED TO THE terminal disease condition given in PART I (a) BILATERAL HYDROPNEUMOTHORAX				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 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 Nov. 14, 1961 to May 22, 1962 and last saw her alive on _____ Death occurred at 2:30PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert S. Cohen ROBERT S. COHEN, M.D., Chief Med. Svc.			22b. ADDRESS VA. HOSPITAL, POPLAR BLUFF, MO		22c. DATE SIGNED 5-24-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 24, 1962	23c. NAME OF CEMETERY OR CREMATORY Marbel Hill Cemetery Poplar Bluff, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 6-1-1962	26. REGISTRAR'S SIGNATURE Helma Graham

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

Philip J. Casserty

Licensed Embalmer No. 4618

P. O. Address

Poplar Bluff, 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.