MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043173
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 223

FILED DEC 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

10 497
20 497
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4 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CARTHAGE — Length of stay in 1b: 14 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): McCUNE BROOKS HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: CARTHAGE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 301½ E. FOURTH — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HATTIE Middle BELL Last PALMER
4. DATE OF DEATH: Month NOVEMBER Day 24, Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-18-1882
9. AGE (last birthday): 80 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (City and state or country): LIBERTY, TENN.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: W. M. JENKINS
13b. MOTHER'S MAIDEN NAME: MARY E. FITE
14. NAME OF HUSBAND OR WIFE: EDWARD PALMER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MISS MOLLIE JENKINS, Address: CARTHAGE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: few min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerosis — unk
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of Rt Radius + Ulna.
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 6-6-58, to 11-24-62 and last saw her/him alive on 11-24-62
Death occurred at 1:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Grover S. Patterson M.D.
22b. ADDRESS: 510 S. MAIN, CARTHAGE, MO.
22c. DATE SIGNED: 11-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-27-62
23c. NAME OF CEMETERY OR CREMATORY: HARVEY CEMETERY
23d. LOCATION (City, town, or county) (State): JASPER COUNTY, MISSOURI
24. FUNERAL DIRECTOR: ULMER FUNERAL HOME, ADDRESS: CARTHAGE, MO.
25. DATE RECD. BY LOCAL REG.: 11-27-62
26. REGISTRAR'S SIGNATURE: Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.