

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-014537  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 2072 Registrar's No. 67

FILED APR 8 1963

VS 300  
Rev. 4/59  
10975  
20975-2  
3  
4 0  
5 1  
6  
7 0  
8 2  
94200  
10  
11  
12 1-0  
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		Length of stay in lb <i>22 yr</i>	c. CITY OR TOWN <i>Marshall</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>Fitzgibbon Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>539 E Black</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>DEWEY</i> Middle <i>HOBSON</i> Last <i>PALMER</i>			4. DATE OF DEATH Month <i>March</i> Day <i>30</i> Year <i>1963</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>1-27-1898</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Employee</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>F. M. Stumper Co.</i>	9. AGE (last birthday) <i>65</i> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
13a. FATHER'S NAME <i>John Palmer</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Darnell</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>no</i>		16. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Edema</i> Conditions, if any, which gave rise to above cause (b); stating the underlying cause last. DUE TO (b) <i>Coronary Endic Failure</i> DUE TO (c) <i>Arterio Sclerotic Heart Disease</i>		17. INFORMANT Address <i>184 Mrs Lena M. Palmer Marshall MO</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>22 yr</i> <i>6 yr</i>	
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"/>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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>1954</i> to <i>March 20, 1963</i> and last saw him alive on <i>3/20/63</i> Death occurred at: <i>12:05 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alwin E. Roche MD</i> (Degree or title)		22b. ADDRESS <i>Marshall MO</i>	22c. DATE SIGNED <i>4/1/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-1-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>	23d. LOCATION (City, town, or county) (State) <i>Marshall MO</i>
24. FUNERAL DIRECTOR <i>Harry Hershberger</i>		25. DATE RECD. BY LOCAL REG. <i>April 1-63</i>	26. REGISTRAR'S SIGNATURE <i>Cecil D. Read</i>

USE BLACK INK OR TYPEWRITER RIBBON

APR 10 1963

**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

*Harry Hershberger*

Licensed Embalmer No. 4357

P. O. Address Marshall, 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.