

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7381

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada
c. LENGTH OF STAY (in this place) 4 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 507 South Broad

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Vernon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada
d. STREET ADDRESS (If rural, give location) 507 South Broad

3. NAME OF DECEASED
a. (First) Elza b. (Middle) Racene c. (Last) Painter
4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED Married (Specify) Married
8. DATE OF BIRTH March 6 - 1864 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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 _____ 11. BIRTHPLACE (State or foreign country) Indiana 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joshua Hildeman 13b. MOTHER'S MAIDEN NAME Mary Jones 14. NAME OF HUSBAND OR WIFE Elza Painter

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. no 17. INFORMANT'S SIGNATURE OR NAME John A. Huber STREET ADDRESS 1204

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma L. Breast
ANTECEDENT CAUSES
DUE TO (b) Dont Know
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced age.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK? WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 11, 1950, that I last saw the deceased alive on Feb 10, 1950, and that death occurred at 2:30 AM, from the causes and on the date stated above.

23a. SIGNATURE W. S. Lovv. MD II (Degree or title) 23b. ADDRESS Nevada, Mo. 23c. DATE SIGNED 2/14/50

24a. BURIAL (Specify) 17 24b. DATE Feb. 14, 1950 24c. NAME OF CEMETERY OR CREMATORY Deepwood 24d. LOCATION (City, town, or county) (State) Nevada, Missouri

DATE REC'D BY LOCAL REG. Feb. 20, 1950 REGISTRAR'S SIGNATURE Kathryn H. Vance 331 FUMERAL DIRECTOR'S SIGNATURE Henry Ingram ADDRESS Henry Ingram, Nevada, Missouri

(Licensed Embalmer's Statement on Reverse Side)

1082

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 1-50-141

Date Filed 2-28-50

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
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 1760

P. O. Address Nevada 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 this body is not embalmed, fact should be so stated above.