

FILED JAN 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

449

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 24

0143
2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe City</u>	
c. LENGTH OF STAY (In this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0690 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>			

3. NAME OF DECEASED a. (First) <u>Isaac</u> b. (Middle) <u>Wm</u> c. (Last) <u>Painter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-17-1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days <u>9</u> IF UNDER 12 HRS. Hours <u>4</u> Mins. <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert P Painter</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Carroll</u>	14. NAME OF HUSBAND OR WIFE <u>AK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>AK</u>	16. SOCIAL SECURITY NO. <u>AK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>	ADDRESS <u>Fulton Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>9 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	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) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-12, 1952, to 1-21, 1952; that I last saw the deceased alive on 1-20, 1952, and that death occurred at 2:10 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>J L Caldwell by mail M D</u> (Degree or title)	23b. ADDRESS <u>State Hospital Fulton Mo</u>	23c. DATE SIGNED <u>1-21-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Jan 23-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AK</u>	24d. LOCATION (City, town, or county) (State) <u>near Perry Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 21-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilkey Funeral Home Perry Mo</u>	ADDRESS _____
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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 Clyde C. Wilkey

Licensed Embalmer No. _____

P. O. Address Ferry, 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.