

MAILED JUL 8 1952

# STANDARD CERTIFICATE OF DEATH

19280  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 108

043  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ANDRAN</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u>  |  |
| c. LENGTH OF STAY (in this place) <u>5 WEEKS</u>                                   |  | d. STREET ADDRESS (If rural, give location) <u>W. MONROE ST.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ANDRAN CO. HOSP.</u>                    |  |  |  |

|  |                               |   |                                      |
|--|-------------------------------|---|--------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>BEATRICE</u> c. (Last) <u>PAINTER</u> |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28, 1952</u>  |                                      |
| 5. SEX <u>FEMALE</u>   | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>                                       | 8. DATE OF BIRTH <u>FEB 23, 1882</u> |
| 9. AGE (In years) (Months) (Days) <u>70</u> <u>4</u> <u>3</u>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HORSEWIFE</u> |                                      |
| 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>  |                               | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |                                      |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>  |                               | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>   |                                      |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>GEORGE BOUSMAN</u>                                    | 13b. MOTHER'S MAIDEN NAME <u>MOLLY HALE</u> | 14. NAME OF HUSBAND OR WIFE <u>JAMES THOMAS PAINTER</u>                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u>         | 17. INFORMANT'S SIGNATURE OR NAME <u>Cookie L. Painter, Paris, Mo.</u> |

|  |  |  |  |   |
|--|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> |  | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> |
| ANTECEDENT CAUSES<br>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* <u>hypertension of left leg. due to atherosclerosis</u>                  |  | 4 wks   |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u>   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) m. | 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 May 22, 1952, to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

|                                     |                             |   |                                  |
|-------------------------------------|-----------------------------|---|----------------------------------|
| 23a. SIGNATURE <u>M. Kallenbach</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>119 E. Jackson, Mexico, Mo.</u> | 23c. DATE SIGNED <u>June 30,</u> |
|-------------------------------------|-----------------------------|---|----------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JUNE 30, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u> | 24d. LOCATION (City, town, or county) (State) <u>PARIS, MISSOURI</u> |
|---|--------------------------------|--|--|

|  |  |  |                                |
|--|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>June 30 1952</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u> | ADDRESS <u>PARIS, MISSOURI</u> |
|--|--|--|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

FORM 18 1952

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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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

**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.