

# STANDARD CERTIFICATE OF DEATH

21157

State File No. ....

FILED JUN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 57

1. PLACE OF DEATH  
a. COUNTY Macon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Adair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hudson township, Macon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville, Missouri 8010

c. LENGTH OF STAY (in this place) 10 mos.

d. STREET ADDRESS (If rural, give location) R.F.D. #1, Missouri

3. NAME OF DECEASED (Type or Print)  
a. (First) Della b. (Middle) Omega c. (Last) Painter

4. DATE OF DEATH (Month) (Day) (Year)  
May 7 1952

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
widow

8. DATE OF BIRTH October 9, 1876

9. AGE (in years last birthday) 75

IF UNDER 1 YEAR Months 6 Days 28

IF UNDER 24 HRS. Hours  Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY housewife

11. BIRTHPLACE (State or foreign country) Adair Co., Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Hayward

13b. MOTHER'S MAIDEN NAME Susan Arnold

14. NAME OF HUSBAND OR WIFE Clifford Painter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Virgil Painter Newton, Ia.

### 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

### MEDICAL CERTIFICATION

### INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) acute circulatory failure

2 yrs.

ANTECEDENT CAUSES DUE TO (b) Parkinsonism

2 yrs. 9 mo

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (c) senile psychosis

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 19 51, to May 7, 19 52, that I last saw the deceased alive on May 7, 19 52, and that death occurred at 1:20p m., from the causes and on the date stated above.

23a. SIGNATURE Anna L. Maack (Degree or title) D.O.

23b. ADDRESS Macon, Missouri  
Still-Hildreth Sanatorium

23c. DATE SIGNED May 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/9/1952

24c. NAME OF CEMETERY OR CREMATORY Cater Ceme.

24d. LOCATION (City, town, or county) (State) S. East of Kirksville, Mo.

DATE REC'D BY LOCAL REG. 6/6/52

REGISTRAR'S SIGNATURE Keith M. Neely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alton Skinner Macon Mo.

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

2610

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6-23-52  
Date Filed 6-29-52

**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 Thos. L. Bell

Licensed Embalmer No. 4552

P. O. Address Macon, 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.