

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

16986

FILED JUN 15 1953

BIRTH NO.		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Barton 0060 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar c. LENGTH OF STAY (in this place) 1 mo d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton 0060 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal 0 d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) RAY b. (Middle) EDWIN c. (Last) BAINTER		4. DATE OF DEATH Month June Day 6 Year 1953		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 2 1887		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 4 Days 4 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Operator		10b. KIND OF BUSINESS OR INDUSTRY Steam Shovel		11. BIRTHPLACE (State or foreign country) Dresden, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James Burr Bainter		13b. MOTHER'S MAIDEN NAME Eunice Vilesta (Unknown)		14. NAME OF HUSBAND OR WIFE Dora E. Gish			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME Burr Bainter, Liberal, Missouri ADDRESS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis H.C. DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332 X	
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) LAMAR Barton (Mo)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 2, 1953 to June 6, 1953 that I last saw the deceased alive on June 6, 1953 and that death occurred at 10:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E. Guldner M.D.		(Degree and title)		23b. ADDRESS LAMAR Mo		23c. DATE SIGNED July 7, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 9 1953		24c. NAME OF CEMETERY OR CREMATORY Liberal Cemetery		24d. LOCATION (City, town, or county) (State) Liberal, Missouri	
DATE REC'D BY LOCAL REG. JUN 9 - 1953		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*Carl F. Konantz*

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.