

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25851

State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 244

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1722 So Harrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		.0804	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Painter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 26-1878</u>
9. AGE (In years last birthday) <u>74</u>		10. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
11. BIRTH PLACE (City and State or Foreign Country) <u>La Monte Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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>Farmer</u>	
13a. FATHER'S NAME <u>Nelson Painter</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Ewers</u>	
13c. NAME OF HUSBAND OR WIFE <u>Anna Painter</u>		14. NAME OF HUSBAND OR WIFE <u>Anna 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>Harold N. Painter</u>		ADDRESS <u>Sedalia</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis & Hypertension</u> 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>331X</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)		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 <u>8-1</u> , 19 <u>53</u> , to <u>8-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-5</u> , 19 <u>53</u> , and that death occurred at <u>2 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. W. Boyer M.D.</u>		23b. ADDRESS <u>Sedalia Mo</u>	
23c. DATE SIGNED <u>8-6-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dresden cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dresden Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-7-53</u>		REGISTRAR'S SIGNATURE <u>M. G. Campbell M.D.</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 12 1988

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.....
Signature of Student Embalmer

Signed..... *K.P.M. Leary*

Licensed Embalmer No..... 3153

P. O. Address..... *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.