

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **2316**

BIRTH NO. \_\_\_\_\_ FILED FEB 10 1954 REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **4409** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Newburg</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Newburg</b> <b>0810</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>KATIE</b>	b. (Middle) <b>PAINTER</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 29-1954</b>
-------------------------------------	-------------------------	----------------------------	-----------	--

5. SEX <b>Female</b>	6. COLOR, OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 7-1869</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <b>84</b>
----------------------	--------------------------------	---	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Sheffield England</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>George Shaw</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Nobel</b>	14. NAME OF HUSBAND OR WIFE <b>D. J. Painter (dec)</b>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Gene Fuller</b>	ADDRESS <b>Newburg Mo</b>
---	-------------------------	---	---------------------------

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) <b>Cardio-renal</b>		INTERVAL BETWEEN ONSET AND DEATH <b>135 yrs</b>
	ANTECEDENT CAUSES Asford 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 <b>none</b>	19b. MAJOR FINDINGS OF OPERATION	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 **8 years, 10** \_\_\_\_\_, to **Jan 29, 1954**, that I last saw the deceased alive on **Jan 29, 1954**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. C. Prentiss, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Newburg Mo</b>	23c. DATE SIGNED <b>2/1/54</b>
--	-------------------	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>Jan 31-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roach</b>	24d. LOCATION (City, town, or county) (State) <b>Newburg Mo</b>
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Feb. 3, 1954</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Lee Johnson</b>	ADDRESS <b>Newburg Mo</b>
--	--	---	---------------------------

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

County File Number \_\_\_\_\_  
Date Filed 2-9-54

**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

*Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address Newburg 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.