

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29884

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1034			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 40 years		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) Sawyer St. & Mansfield Road				011/0	
3. NAME OF DECEASED a. (First) George			b. (Middle) Edward		c. (Last) Painter		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1954		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 15, 1877		9. AGE (in years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. laborer		10b. KIND OF BUSINESS OR INDUSTRY Methodist Hospital		11. BIRTHPLACE (City and State or Foreign Country) Savannah, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas Painter			13b. MOTHER'S MAIDEN NAME unknown Hayes			14. NAME OF HUSBAND OR WIFE Agnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-36-2166		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred B. Martin,			ADDRESS Sawyer St. & Mansfield St. Joseph, Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure				INTERVAL BETWEEN ONSET AND DEATH 48h	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Hypertrophy					
				DUE TO (c) Ventricular Dilatation					
				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 1343						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 8/1, 1948, to 9/18, 1954, that I last saw the deceased alive on 9/17, 1954, and that death occurred at 4:00 a. m., from the causes and on the day stated above.									
23a. SIGNATURE (Degree or title) Fred C Benson M.D.				23b. ADDRESS 510 Ruby Bldg				23c. DATE SIGNED 9/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/22/1954		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
DATE REC'D BY LOCAL REG. Sept 28, 1954		REGISTRAR'S SIGNATURE Katherine M. Allison		485 HEATON-BOWMAN		25. FUNERAL DIRECTOR'S SIGNATURE St Joseph, Mo.			

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.....  
Signature of Student Embalmer

Signed..... *James B. Hawkins*

Licensed Embalmer No. *4534*

P. O. Address *319 So 10th*

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.