

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3903**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **256**

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. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) 3403 Duncan St.			

3. NAME OF DECEASED (Type or Print) PAUL LEMUEL PAINTER			4. DATE OF DEATH (Month) (Day) (Year) March 5, 1956		
---	--	--	--	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH August 31, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
-----------------------	----------------------------------	--	--	--	---------------------------	---------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	--

13a. FATHER'S NAME Charles H. Painter	13b. MOTHER'S MAIDEN NAME Margaret Chaney	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#2	16. SOCIAL SECURITY NO. 491-10-5905	17. INFORMANT'S SIGNATURE OR NAME Mr. Fred Painter, 3403 Duncan, St. Joseph, Mo.	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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		1 1/2 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA LEFT KIDNEY		UNKNOWN
DUE TO (c) GASTRIC ULCER		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GASTRIC ULCER	

19a. DATE OF OPERATION 2/17/56	19b. MAJOR FINDINGS OF OPERATION GASTRIC ULCER; CARCINOMA LEFT KIDNEY. 180X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 2-3, 1956, to 3-5, 1956, that I last saw the deceased alive on 3-4, 1956, and that death occurred at 12:15p. m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Daniel	(Degree or title) M.D.	23b. ADDRESS 902 Edmond St., St. Joseph	23c. DATE SIGNED 3/5/56
---------------------------------------	----------------------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/8/1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. Mar 7, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman - St. Joseph, Mo.	ADDRESS
--	---	-----	--	---------

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

MAR 14 1956

MAR 13 1956

Al. Mc. Brown

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 *Richard J. Collins*

Licensed Embalmer No. *4959*
319 So. 10th St.
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.