

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

=60-029642

STATE FILE NUMBER

38

3006

457

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia Missouri</b>		Length of stay in 1b <b>12 days</b>	c. CITY OR TOWN <b>SANTA FE MO</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>University Medical Center</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Herbert</b> Middle <b>DRAKE</b> Last <b>PAINTER</b>			4. DATE OF DEATH Month <b>8</b> Day <b>16</b> Year <b>60</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-25-98</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>16</b> Hours <b>2</b> Min. <b>12</b>	IF UNDER 24 HR Hours <b>2</b> Min. <b>12</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>taxman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>		11. BIRTHPLACE (City and state or country) <b>MONROE City MO, U.S</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S</b>	
13a. FATHER'S NAME <b>Herry T. PAINTER</b>			13b. MOTHER'S MAIDEN NAME <b>Jennie D. NORMAN</b>		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)		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Medical Records</b>			Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Acute Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Sulphuric abscess</b>		
DUE TO (c) <b>Anastomotic failure of Gastric resection</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>for massive Gastric ulcer, bleeding.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:12</b> a.m. <b>A</b> Month, Day, Year <b>8/4/60</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Columbia MO Perry MO</b>	
21. I attended the deceased from <b>8/4/60</b> to <b>8/16/60</b> and last saw him alive on <b>8/16/60</b> Death occurred at <b>2:12 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert D. Simpson M.D.</b> (Degree or title)		22b. ADDRESS <b>Columbia MO</b>	
22c. DATE SIGNED <b>8/16/60</b>		22d. LOCATION (City, town, or county) (State) <b>Perry MO</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	23b. DATE <b>Aug 16 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Perry MO</b>	
24. FUNERAL DIRECTOR <b>Clyde C. Wilkey Perry MO</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 16 1960</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clyde C. Wilkey*

Licensed Embalmer No. *3820*

P. O. Address *Perry M*

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