

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## -60-043152

FILED VS DEC 9 1960

Registration District No. 224 Primary Registration District No. 3056 Registrar's No. 281

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>RANDOLPH</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>		a. STATE <u>MO</u>		b. COUNTY <u>MONROE</u>	
c. FULL NAME OF (If NOT in hospital/ give location) HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>		Length of stay in 1b <u>17 DAYS</u>		c. CITY OR TOWN <u>JACKSON TWP, RFD, PARIS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7 MI. N.E. OF PARIS MO.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>TENI</u>		Middle <u>ETHEL</u>		Last <u>PAINTER</u>		Month Day Year <u>NOV, 26, 1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/16/1892</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and state or country) <u>MONROE, CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>H.P. BURDITT</u>			13b. MOTHER'S MAIDEN NAME <u>ANCEVILLER PARIS</u>			14. NAME OF HUSBAND OR WIFE <u>DELBERT F. PAINTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>YES DEPENDANT NO1</u>		17. INFORMANT <u>DELBERT F. PAINTER PARIS, MO.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute myocardial infarction, posterior.</u>						<u>3 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days.		
<u>Patient had an acute anterior myocardial infarction Sept. 21, 1960</u>					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. 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 Month, Day, Year a.m. p.m.							
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	
				<u>Sept. 21, 1960</u>		<u>Nov. 25, 1960</u>	
21. I attended the deceased from <u>Sept. 21, 1960</u> to <u>Nov. 26, 1960</u> and last saw her <u>alive on</u> <u>Nov. 25, 1960</u> Death occurred at <u>7:30</u> <u>A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Will Henry, Jr. MD</u>				22b. ADDRESS <u>MOBERLY MO.</u>		22c. DATE SIGNED <u>11/28/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11/28/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		23d. LOCATION (City, town, or county) <u>PARIS, MO.</u>	
24. FUNERAL DIRECTOR <u>E.H. AGNEW</u>		ADDRESS <u>PARIS, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11-28-60</u>		26. REGISTRAR'S SIGNATURE <u>Seabulow</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 18 1930

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 E. H. Digney

Licensed Embalmer No. 4000

P. O. Address Paris, 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.