

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6060
State File No. 29151

FILED AUG 26 1952

BIRTH NO.		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 6059		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY St. Clair 0930				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ohio Hamilton COUNTY 8340			
b. CITY (If outside corporate limits, write RURAL and give town) Collins (Rural)		c. LENGTH OF STAY (In this place) 15 Min.		c. CITY (If outside corporate limits, write RURAL and give township) Cincinnati 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION Washington - Turp				d. STREET ADDRESS (If rural, give location) 5464 Clover Leaf Lane			
3. NAME OF DECEASED (Type or Print) a. (First) Bath			b. (Middle) Ellen		c. (Last) Painter		4. DATE OF DEATH (Month) (Day) (Year) Aug; 1, 1952
5. SEX Female / white	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec, 22, 1950		9. AGE (In years last birthday) 1 If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cincinnati Ohio /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles L. Painter		13b. MOTHER'S MAIDEN NAME Rosemary Fonck		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bell Painter, Wichita Kan.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of Head				INTERVAL BETWEEN ONSET AND DEATH Instantly	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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		19b. MAJOR FINDINGS OF OPERATION 093				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 54		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Collins, Washington St. Clair Mo;			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug; 1 1952 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. B. Hancock				23b. ADDRESS Osceola Missouri		23c. DATE SIGNED 8/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/8/3/52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Tolliet	
DATE REC'D BY LOCAL REG. 8.3.52		REGISTRAR'S SIGNATURE R. Seavers		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Hancock		ADDRESS Osceola Mo	

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

SEP 10 1963

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.

Signed _____

J. B. Paulish

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3038

P. O. Address _____

Osceola 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.