

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 61

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. LENGTH OF STAY (In this place) 30 Yrs	
c. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		d. STREET ADDRESS (If rural, give location) 417 So. Holden street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center			

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Painter c. (Last) Bauer	4. DATE OF DEATH (Month) (Day) (Year) Mar. 20 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 1 Days 15 Hours 3 Min.	IF UNDER 6 WKS. Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Pulaski Co. Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Erskin Painter	13b. MOTHER'S MAIDEN NAME Elizabeth Jordan	14. NAME OF HUSBAND OR WIFE Joseph Bauer
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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. NO	17. INFORMANT'S SIGNATURE OR NAME Florybelle Bauer ADDRESS 417 S Holden St.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis, general		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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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?
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22. I hereby certify that I attended the deceased from 1-1, 1949, to 3-20, 1953, that I last saw the deceased alive on 3-19, 1953, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Phyllis Cooper	23b. ADDRESS Warrensburg Missouri	23c. DATE SIGNED 3-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-53	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Missouri
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DATE REC'D BY LOCAL REG. Mar. 21, 1953	REGISTRAR'S SIGNATURE Savannah Hutchfield	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips ADDRESS Warrensburg Mo.
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DECEASED
MAR 23, 1953
JOHNSON COUNTY HEALTH DEPT.

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *E. Ray Swaney*.....

Licensed Embalmer No. *1121*.....

P. O. Address *Warrensburg*.....

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.