

FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20562

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>6283</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>Rural Elk Creek</u>		c. LENGTH OF STAY (in this place) <u>83 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1140</u>		OR TOWN <u>Rural Elk Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1 Mile N.E. St. George MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Painter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		9. AGE (In years) (If UNDER 1 YEAR last birthday) Months Days Hours Min. <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Taylorville Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Painter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hinkle</u>		14. NAME OF HUSBAND OR WIFE <u>Dora E 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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Dora E Painter St. George MO</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>4, 23, 1953</u> , to <u>4, 23, 1953</u> , that I last saw the deceased alive on <u>4, 23, 1953</u> and that death occurred at <u>8:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Hough</u> (Degree or title) <u>OWN</u>				23b. ADDRESS <u>Home Spring MO</u>		23c. DATE SIGNED <u>J. 11. 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clayton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright County MO</u>	
DATE REC'D BY LOCAL REG. <u>5-16-53</u>		REGISTRAR'S SIGNATURE <u>B. Garner</u> <u>346</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Hadden Hartsville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 6 1959

JUL 7 1959

County File Number 553-70
Date Filed 5-23-53

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
Student Embalmer

Signed Wm A Williams

Licensed Embalmer No. 4651

P. O. Address Hartsville 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.