

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18724**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **5537** Registrar's No. **36**

1. PLACE OF DEATH  
a. COUNTY **Holt**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Holt**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Liberty Twp.**

c. CITY OR TOWN **Mound City**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **7 Mi. N. of Mound City**

e. STREET ADDRESS (If rural, give location) **8448  
7 Miles N. of Mound City**

3. NAME OF DECEASED  
a. (First) **Isaac** b. (Middle) **David** c. (Last) **Painter**

4. DATE OF DEATH (Month) (Day) (Year)  
**June 26, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov. 27, 1870**

9. AGE (In years last birthday) **83**

10. UNDER 1 YEAR Months Days 11. UNDER 1 RES. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and State or Foreign Country) **Rileyville, Virginia**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Isaac N. Painter**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Cora Lell Painter**

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 **David Painter, Mound City, Mo.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Occlusion**  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Cardio Vascular Renal Disease**  
DUE TO (c) **Arteriosclerosis**  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**2475**  
**10472**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **June, 1948**, to **June 26, 1954**, that I last saw the deceased alive on **June 23, 1954**, and that death occurred at **1:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. B. McRae**

23b. ADDRESS **807 Mound City Mo**

23c. DATE SIGNED **6/26/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **6/28/54**

24c. NAME OF CEMETERY OR CREMATORY **New Liberty Cemetery**

24d. LOCATION (City, town, or county) (State) **Holt County, Missouri**

DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE **6-27-54**

REGISTERAR'S SIGNATURE **Donna Crawford**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Donna Crawford Mound City Mo**

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

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.....  
Signature of Student Embalmer

Signed *James H Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Mound City*

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.