

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38083

State File No.

FILED NOV 29 1954

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4335 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>	
c. LENGTH OF STAY (in this place) <u>17 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>227 PARK STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>227 PARK STREET</u>		e. STREET ADDRESS (If rural, give location) <u>227 PARK STREET</u>	

3. NAME OF DECEASED (Type or Print) <u>DARTHULA</u>	a. (First)	b. (Middle)	c. (Last) <u>PAINTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 22 1954</u>
---	------------	-------------	--------------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	8. DATE OF BIRTH <u>SEPTEMBER 26 1881</u>	9. AGE (In years last birthday) <u>72</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MONROE COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>A.G. DILTS</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE BOREN</u>	14. NAME OF HUSBAND OR WIFE <u>I.W. PAINTER</u>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lawrence Hawn Perry, Mo.</u>	ADDRESS <u></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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</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. <u>None known.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	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) <u>Monroe City Monroe Missouri</u>
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 November 22, 1954, to November 22, 1954, that I last saw the deceased alive on November 22, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles R. Johnson M.D.</u>	23b. ADDRESS <u>217 No. Main - Monroe City, Mo.</u>	23c. DATE SIGNED <u>Nov 22, 1954</u>
---	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Paris, Missouri</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-24-54</u>	REGISTRAR'S SIGNATURE <u>E. Lee Robertson</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>WILSON & Sons</u>	ADDRESS <u>Monroe City, Mo.</u>
--	---	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

4690

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lucas L. Nelson

Licensed Embalmer No. 3014

P. O. Address Marion City 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.