

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12604

FILED MAY 13 1955

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>McC Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McC Donald</u>	
b. CITY OR TOWN <u>Rural, Anderson, Mo</u>		c. CITY OR TOWN	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
e. STREET ADDRESS (If rural, give location) <u>5 mis. E. of Anderson Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANK</u>	b. (Middle) <u>JOHN</u>	c. (Last) <u>PAINTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 22 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-24-1905</u>	9. AGE (in years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Anderson, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William C. Painter</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Forcum</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-05-9863</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Painter</u>	ADDRESS <u>Opplin, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injuries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Shock</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Deceased was pinned under Farm Tractor 8hrs.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121</u>		

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) <u>Accident Farm</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>Anderson</u> (COUNTY) <u>Mo.</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) <u>4-22-55</u> (Hour) <u>10:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor Accident (Over-Turned)</u>
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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 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. M. Humphrey</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Noel Mo.</u>	23c. DATE SIGNED <u>4-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-24-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tracy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Anderson, Mo.</u>
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DATE REC'D BY LOCAL OFFICE <u>4-10-1955</u>	REGISTRAR'S SIGNATURE <u>Maynard Humphrey</u>	423 -	25. FUNERAL DIRECTOR'S SIGNATURE <u>Humphrey Cheatham</u> ADDRESS <u>Anderson, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side) P.E. Cheatham

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

NOV 8 1955

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. 4 working under my personal supervision..

Student ✓.....
Signature of Student Embalmer

Signed R. E. Cleathan.....

Licensed Embalmer No. 381.....

P. O. Address Anderson.....

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.