

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2074

State File No.

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 2

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 town) <u>RURAL-JACKSON TWP.</u>		c. LENGTH OF STAY (in this place) <u>1 YRS.</u>	c. CITY OR TOWN <u>PARIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RTR, PARIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>N. MAIN ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>FRANKLIN</u>	c. (Last) <u>PAINTER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 1 1956</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 15, 1885</u>
9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
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 <u>GEN. FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FLORIDA, MONROE CO., MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>THOMAS PAINTER</u>		13b. MOTHER'S MAIDEN NAME <u>GARMAN</u>	14. NAME OF HUSBAND OR WIFE <u>STELLA 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>494-38-4407</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>OLIVER PAINTER, PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</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>4201</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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>DECE 10, 1955</u> , to <u>JAN. 1, 1956</u> , that I last saw the deceased alive on <u>JAN. 1, 1956</u> , and that death occurred at <u>7:35 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. M. Barnard, M.D.</u>		23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>1-2-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>	24d. LOCATION (City, town, or county) (State) <u>MONROE CO., MO</u>
DATE REC'D BY LOCAL REG. <u>1-3-56</u>	REGISTRAR'S SIGNATURE <u>W. O. Barnard, D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>	ADDRESS <u>PARIS, MISSOURI</u>

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

JAN 16 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.