

FILED JUL 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22553**

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6186** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY TANEY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY TANEY		
b. CITY OR TOWN BRADLEYVILLE		c. LENGTH OF STAY (in this place) 1 yr.	c. CITY OR TOWN Bradleyville		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 Home Bradleyville			e. STREET ADDRESS (If rural, give location) 1090 Rural Bradleyville		
3. NAME OF DECEASED (Type or Print) a. (First) DORA v. (Middle) DeLpha c. (Last) Painter			4. DATE OF DEATH (Month) (Day) (Year) June 10, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 8, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (City and State or Foreign Country) Pearl Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME BERTON Coble		13b. MOTHER'S MARDEN NAME Elizabeth Long	14. NAME OF HUSBAND OR WIFE FREDRICK 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 William Ryan ADDRESS Bradleyville		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Extensive degenerative heart disease Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 331x		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 Jan 1955 , 19 55 , to June 10, 1956 , that I last saw the deceased alive on April 22, 1954 , and that death occurred at 3 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE William Ryan (Degree or title) _____		23b. ADDRESS Bradleyville		23c. DATE SIGNED 6/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/12/56	24c. NAME OF CEMETERY OR CREMATORY Reedhill Cemetery	24d. LOCATION (City, town, or county) (State) Willard, Mo		
DATE REC'D BY LOCAL REG. 7/8/56	REGISTRAR'S SIGNATURE Nelson Campbell	25. FUNERAL DIRECTOR'S SIGNATURE Hugh Funeral Home		ADDRESS Langston	

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

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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.....
Licensed Embalmer No..... 473
P. O. Address.....

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.

WM