S. No. 300
v. 10.48

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

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12610

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5320 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Palestine Twp
c. LENGTH OF STAY (In this place): 77
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles East of Pilot Grove

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN: Boonville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
Street Address (If rural, give location): 5 miles East of Pilot Grove

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): LESLIE
c. (Last): PAINTER

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 12, 1885
9. AGE (In years last birthday): 77
If UNDER 1 YEAR: Months —; Days —
If UNDER 1 HR.: 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: same
11. BIRTHPLACE (City and State or Foreign Country): Pilot Grove, Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: James Painter
13b. MOTHER'S MAIDEN NAME: Mary Bassett
14. NAME OF HUSBAND OR WIFE: Cordelia Painter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: R. L. Painter, Pilot Grove 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — — INTERVAL BETWEEN ONSET AND DEATH: 1 week
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterial hypertension — years
DUE TO (c): arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Had Cerebral Hemorrhage 1946

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443X
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) m.:
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* Dec, 1946, *to* May 2, 1957, *that I last saw the deceased alive on* May 7, 1957, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: T C Beckett (Degree or title) MD
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 5-9-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1957
24c. NAME OF CEMETERY OR CREMATORY: Pilot Grove Ceme
24d. LOCATION (City, town, or county) (State): Pilot Grove, Mo

DATE REC'D BY LOCAL REG.: 5/9/57
REGISTRAR'S SIGNATURE: D. A. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hays-Painter, Pilot Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 406

P. O. Address Pilot Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.