

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39641

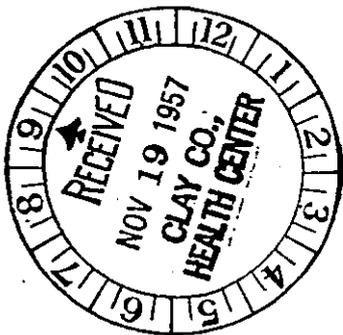
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u>		c. LENGTH OF STAY (in this place) <u>1 Week</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMITHVILLE HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>4308 East 45th St, North</u> <u>5380</u>			
3. NAME OF DECEASED (Type or Print) <u>EVERETTE</u>		a. (First) <u>A.</u>		b. (Middle) <u>PAINTER</u>		c. (Last) <u>PAINTER</u>	
4. DATE OF DEATH <u>NOV, 9 1957</u>		4. DATE (Month) (Day) (Year)		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>JAN, 28 1877</u>		9. AGE (in years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BLACKSMITH</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CHRISNEY, INDIANA.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ISAC PAINTER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GRISBY</u>		14. NAME OF HUSBAND OR WIFE <u>NANCY PAINTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-09-1494</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EDNA BALKEY, 4308 E. 45th North</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cox Pulmonale</u>				<u>10 yrs</u>	
		<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Pulmonary Emphysema</u></p>				<u>15 yrs</u>	
		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Generalized Arteriosclerosis</u>				20. AUTOPSY? <u>2</u> 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 <u>Aug</u> , 19 <u>55</u> , to <u>Nov 9</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Nov 9</u> , 19 <u>57</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>David R. Child M.D.</u> (Degree or title)				23b. ADDRESS <u>Smithville, Mo.</u>		23c. DATE SIGNED <u>11/12/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/13/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANTI OCH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLT, MO.</u>	
DATE REC'D BY LOCAL REG <u>11-12-57</u>		REGISTRAR'S SIGNATURE <u>Marquette Judgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMERS SONS, NO, KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 27 1957

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 *John W. Kalsbeek*

Licensed Embalmer No. *H 949*

P. O. Address *No. Kansas City*

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.