

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959

59-038803

STATE FILE NUMBER

Registration District No. 202 Primary Registration District No. 4009 Registrar's No. 68

MEMORANDUM

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Andrew	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Savannah	a. STATE Mo.	b. COUNTY Andrew
Length of stay in 1b 10 years		c. CITY OR TOWN Savannah	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 E. Benton		d. STREET ADDRESS 110 E. Benton	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First ESTELLA	Middle ELIZABETH	Last PAINTER	4. DATE OF DEATH	Month November	Day 30	Year 1959
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5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1907	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Pierre So. Dakota	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Daniel Funk	13b. MOTHER'S MAIDEN NAME Flora V. Maple	14. NAME OF HUSBAND OR WIFE Donald B. Painter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Donald B. Painter, 110 E. Benton	Address Savannah, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CARCINOMATOSIS, PRIMARY, CERVIX		11 MOS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 6-14-57 to 11-30-59 and last saw her ^{her} ~~his~~ alive on 11-29-59
Death occurred at 4:00a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Harold Baker M.D.</i> (Degree or title)	22b. ADDRESS SAVANNAH, MISSOURI	22c. DATE SIGNED 12-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/4/1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	23d. LOCATION (City, town, or county) St. Joseph Mo.	(State)
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24. FUNERAL DIRECTOR <i>Horton Bowman</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. 12-8-59	26. REGISTRAR'S SIGNATURE <i>Lillian Sparks</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

026 3 835

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 16th, St. J.*

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.