

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15029
Do not use this space.

1. PLACE OF DEATH

(a) County Howard (b) Township Bonne Femme (c) City R. F. D. Higbee Mo (d) Street No. _____ (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2 Registration District No. 378
Primary Registration District No. 55-27

Registered No. 30

2. PRINT FULL NAME Neal Payton

(a) Residence, No. R. F. D. Higbee Howard Co. St. _____ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1871

7. AGE YEARS 69 MONTHS 3 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner 9. Industry or business in which work was done, as saw mill, bank, etc. _____ 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

FATHER 13. NAME Thomas Payton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Marthy Stivera

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Otto March (ADDRESS) R. F. D. Higbee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Adair Co. Mo. DATE April 12, 1940

19. FUNERAL DIRECTOR Joe W. Burton (ADDRESS) Higbee Mo.

20. FILED May 4, 1940 V. Q. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1940

22. I HEREBY CERTIFY, That I attended deceased from April 7 1940 to April 10 1940 I last saw deceased father Death is said to have occurred on the date stated above, at 2:15 p.m. The principal cause of death and related causes of importance were as follows:

Supervening cardiac failure Tuberculosis Pulmonary

Other contributory causes of importance: 73

Name of operation None Date of _____ What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) V. Q. Bonham (Address) Higbee Mo.

Date of onset _____
No. of _____
Pastor _____

RECEIVED
District Health Officer No. 2
District File Number
Date Filed 5/17/40

STATEMENT BY LICENSED EMBALMER

I, Orvel Roberson Licensed Embalmer No. 4,101

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MJE

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Orvel Roberson
Licensed Embalmer No. 4,101

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.)