

NOV 19 1940

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

35394  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 317  
 (b) Township Wilson Primary Registration District No. 5442 Registered No. \_\_\_\_\_  
 (c) City Springfield (d) Street No. P. R. #8 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clyde Willard Payne

(a) Residence, No. P. R. #8 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Brockman Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 55 4 27

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

12. BIRTHPLACE (CITY OR TOWN) Greene County 0  
 (STATE OR COUNTRY) Missouri 9

FATHER 13. NAME Stewart Larkin Payne 1

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Kitty Miller

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Arkansas

17. INFORMANT Roy Vernon Payne  
 (ADDRESS) R.R.#8, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson Cemetery DATE 9-5-40 19

19. FUNERAL DIRECTOR (NAME) Thurman Funeral Home  
 (ADDRESS) Republic, Mo.

20. FILED Sept. 4, 1940 Mrs. Bertha Nance 289  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-40 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him dead alive on Sept 4, 1940. Death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis with acute myocardial infarction  
arteriosclerotic atherosclerosis  
disease  
 Date of onset

Other contributory causes of importance:  
arteriosclerotic atherosclerosis - 75% - 80%  
disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) R. M. White M. D.

(Address) Bowling Green County

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.

RECEIVED

Greene County Health Office,

County File Number 40-11-92

Date Filed 11/13/40

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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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.**