

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24430

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 yrs / _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 006
(c) City or town Lamar 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Daniel Nelson Payton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Payton 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 22nd, 1963
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Lewis CO, MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

12. Name Daniel Nelson Payton

13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Daggs

15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Payton JR

(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 7-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) July 19-41 (b) Ma Josephine Mynatt
(Date received local registrar) (Registrar's signature)

40 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17th
year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 4
1941 to July 17 1941
that I last saw him alive on July 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial Anemia Duration 15 hrs

Due to Fracture of left hip 6 wks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1st leg

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 025

(b) Date of occurrence June 4 - 1941

(c) Where did injury occur Lamar Barton MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

(Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature C. E. Ducied (M. D. or other) P. M. D.

Address Lamar MO. Date signed July 18 1941

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

RECEIVED

District Health Officer No. 6;

District File Number

841-1287

Date Filed

AUG 5 1941

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

Reed River

Licensed Embalmer No. 3141

P. O. Address

Lamar, Mo

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, fact should be so stated above.