

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27831**
Registrar's No. **819**

SEP 10 1941 85
Registration District No. **1004**

Primary Registration District No. **1004**

1. PLACE OF DEATH:

(a) County **DuBois**
(b) City or town **St. Joseph**
(c) Name of hospital or institution **St. Joseph Hosp.**
(d) Length of stay: In hospital or institution **4 days**
In this community **11** years, months or days

3. (a) PRINT FULL NAME **TREAT PAYNE**
3. (b) If veteran **—** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MARYLE PAYNE** 6. (c) Age of husband or wife if alive **8 - 1871**
7. Birth date of deceased **OCT-8-1871**

8. AGE: Years **69** Months **10** Days **6** If less than one day **—**

9. Birthplace **CLARKSBURG W. VA.**

10. Usual occupation **TURNER**

11. Industry or business **—**

12. Name **ROBERT PAYNE**

13. Birthplace **W. VA.**

14. Maiden name **SUSAN REAGER**

15. Birthplace **W. VA.**

16. (a) Informant **Gary Payne**

(b) Address **Annity**

17. (a) **REMOVAL** (b) Date thereof **8-16-41**

(c) Place: burial or cremation **UNITY MO**

18. (a) Signature of funeral director **W. H. S. Seward**

(b) Address **W. H. S. Seward**

19. (a) **8-15-1941** (b) **H. G. Neill**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **DE KALB**
(c) City or town **Unity**
(d) Street No. **Rural**
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **14**
year **1941** hour **2** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Aug 10, 1941** to **Aug 14, 1941**
that I last saw him alive on **Aug 14, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**
left lung lower lobe
Due to **Upper lobe left**

Due to **Pericardial Anemia**
Chord involvement

Other conditions **—**
(Include pregnancy within 3 months of death)

Major findings: Of operations **—**

Of autopsy **yes = pneumonia**

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

(a) Accident, suicide, or homicide (specify) **—**

(b) Date of occurrence **—**

(c) Where did injury occur? **—**

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

(Specify type of place) **—**

(e) Means of injury **—**

23. Signature **H. S. Seward** (M. D. or other) **—**

Address **St Joseph Mo** Date signed **8-14-41**

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

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.....
.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

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, fact should be so stated above.