No. 300
10-48

FILED JUN 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16731

BIRTH NO. 8894-49 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 40

73
3
2

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

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): E. McCord St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
d. STREET ADDRESS (If rural, give location): E. McCord St.

3. NAME OF DECEASED (Type or Print)
a. (First): Sammy
b. (Middle): K.
c. (Last): Payton

4. DATE OF DEATH (Month) (Day) (Year): May 15 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Feb. 9. 1949
9. AGE (In years last birthday): If under 1 year: Months 3, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Neosho Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: James Loyd Payton
13b. MOTHER'S MAIDEN NAME: Dotty Ann Lawson
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: J. Loyd Payton
ADDRESS: Neosho Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Was sleeping with parents.
DUE TO (c): When they awakened baby was

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lying on its face.

INTERVAL BETWEEN ONSET AND DEATH: E1240 18

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Neosho Newton Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-15-'49 7a. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Rolled over on her face

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased* ~~alive~~ *on* May 15, 1949, *and that death occurred at* Not known *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Corley Thompson Coroner
23b. ADDRESS: Neosho Missouri
23c. DATE SIGNED: 5/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-17-'49
24c. NAME OF CEMETERY OR CREMATORY: Gibson
24d. LOCATION (City, town, or county) (State): Neosho Missouri

DATE REC'D BY LOCAL REG.: May 24, 1949
REGISTRAR'S SIGNATURE: Melvin C. Bowman 223
25. FUNERAL DIRECTOR'S SIGNATURE: Corley Thompson
ADDRESS: Neosho, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Newton Co. Health Unit
District Health Officer No. 645-96
District File Number
Received JUN 1 1949
Date Filed

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Conley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.