

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36103**

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY WARREN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Chas.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARRENTON MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles Mo.	
c. LENGTH OF STAY (In this place) 1 WEEK		92 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Alfred	b. (Middle) Beal	c. (Last) Payton	4. DATE OF DEATH (Month) (Day) (Year) Oct. 10 49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 2, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) St. Charles County 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry C. Payton	13b. MOTHER'S MAIDEN NAME Annie Daugherty	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James Payton ADDRESS Portagedessieux
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Prostatitis - DUE TO (c) Pneumonia Hypostatic		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. vitiated		10/11X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 3, 1949** to **Oct. 9, 1949**, that I last saw the deceased alive on **Oct. 9, 1949** and that death occurred at **5:15a** m., from the causes and on the date stated above.

23a. SIGNATURE Harold Hochstetler M.D.	23b. ADDRESS Warrenton Mo.	23c. DATE SIGNED Oct. 10
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 13, 1949	24c. NAME OF CEMETERY OR CREMATORY Oakgrove	24d. LOCATION (City, town, or county) (State) St. Charles MO.
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DATE REC'D BY LOCAL REG. Oct 12 - 49	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE Harold Hochstetler ADDRESS St. Charles Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
District Health Officer No. 9,
RECEIVED
OCT 17 1949

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 _____

Fredrick W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.