

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39556
State File No. 10071
Registrar's No. 10071

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MtVernon 8120	
c. LENGTH OF STAY (in this place) 4 Days		d. STREET ADDRESS (If rural, give location) 309 N 12th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Lou	b. (Middle) Willid	c. (Last) Payne	4. DATE OF DEATH 11 (Month) (Day) (Year) 1951
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-14-1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Woodlawn Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Roach	13b. MOTHER'S MAIDEN NAME Mary Riley	14. NAME OF HUSBAND OR WIFE Will
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME May Willis Martin	ADDRESS MtVernon Ill
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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, asthenia, 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) <i>Coronary arteriosclerosis, hypertensive heart disease</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>Fall at home</i> DUE TO (c) <i>Senility</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Myocardial infarction, 11/6/51</i>			

19a. DATE OF OPERATION 11/6/51	19b. MAJOR FINDINGS OF OPERATION <i>Severely Coroner's Report</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE 11-4-51 (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) MtVernon 812	(COUNTY) Ill	(STATE) Ill
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall at home - E903 0
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22. I hereby certify that I attended the deceased from 11/4 1951, to 11/7, 1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS 845 N. 12th St. St. Louis, Mo.	23c. DATE SIGNED 11/8/51
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24a. BURIAL, CREMATION, REMOVAL removal	24b. DATE 11-8-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Mount Vernon, Illinois
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DATE REC'D BY LOCAL REG. NOV 13 1951	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	ADDRESS 4104 Manchester Ave.
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WRITE PLAINLY—USING 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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

John Ketter
Licensed Embalmer No. 3880

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.