

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27804

State File No.

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5466</u>		Registrar's No. <u>774</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell Twp Enroute</u>		c. LENGTH OF STAY (In this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wilson Twp</u>		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #166 and #60</u>				d. STREET ADDRESS (If rural, give location) <u>Route 8, Springfield</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>LEE</u> c. (Last) <u>PAYNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 19, 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 18, 1929</u>		
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army Military Service</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clay L. Payne</u>			13b. MOTHER'S MAIDEN NAME <u>Hettie Neese</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>1948 - 1952</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clay L. Payne</u> ADDRESS <u>Springfield, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion, Shock</u>		ANTECEDENT CAUSES DUE TO (b) <u>Fct. Skull, Fct. Left Leg</u> <u>Fct. Left Wrist, Crushed Chest</u> DUE TO (c) _____					Instantly.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 166</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wilson Twp. Greene, Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-19-52 2a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car wreck - Two car.</u>				
22. I hereby certify that I attended the deceased from <u>10</u> to <u>2: AM</u> , that I last saw the deceased alive on <u>10</u> , and that death occurred at <u>2: AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. E. Allen Pickens</u> (Doctor or title)				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>8-19-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 22, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-21-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Windle</u> ADDRESS <u>Springfield, Missouri</u>				

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

2524 8 25 1977

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

Carl J. Glenn

Signed.....
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.