

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300 FILED DEC 9 1952

10.48

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>278</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Randolph</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hosp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jacksonville</u> <u>0880</u>				
d. STREET ADDRESS (If rural, give location) <u>1</u>								
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>William</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Payne</u>	(Month) <u>Nov</u>	(Day) <u>26</u>	(Year) <u>1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9, 1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Lolk</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Payne</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Payne</u> ADDRESS <u>Moberly, Mo.</u>				
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, asthma, 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) <u>Hypertensive pneumonia</u>				<u>1 day</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute myocarditis</u>				<u>2 weeks</u>		
		DUE TO (c) <u>Senility</u>						
		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 type="checkbox"/>		
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)				
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?				
22. I hereby certify that I attended the deceased from <u>Nov 21</u> , 19 <u>52</u> , to <u>Nov 24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 26</u> , 19 <u>52</u> , and that death occurred at <u>9:55 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. McCormick D.O.</u>			23b. ADDRESS <u>300 1/2 Reed St. Moberly Mo.</u>			23c. DATE SIGNED <u>11-27-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 30, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Cty. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11/30/52</u>		REGISTRAR'S SIGNATURE <u>Carl Weirman</u> <u>269-08</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Sutton</u> ADDRESS <u>Macon, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4877

P. O. Address Mocon, 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.