

41603

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1380

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St Joseph

c. LENGTH OF STAY (in this place)

2 mo 8 day

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St Joseph0117
D

d. FULL NAME OF HOSPITAL OR INSTITUTION

State Hospital No 2

d. STREET ADDRESS (If rural, give location)

Infirmery (County)

3. NAME OF DECEASED (Type or Print)

a. (First)

Wauton

b. (Middle)

c. (Last)

Payne

4. DATE OF DEATH (Month) (Day) (Year)

Dec 29-1952

5. SEX

male

6. COLOR OR RACE

colord

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widower

8. DATE OF BIRTH

April 26 1903

9. AGE (In years last birthday)

49

IF UNDER 1 YEAR

8

IF UNDER 1 MONTH

3

IF UNDER 1 HOUR

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St Joseph Mo

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13a. FATHER'S NAME

Eugene Payne

13b. MOTHER'S MAIDEN NAME

Pearl Hunter

14. NAME OF HUSBAND OR WIFE

Ralph Quinn

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 ADDRESS

Rang Barnes 213 Weyton St St Joe Mo

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

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

MEDICAL CERTIFICATION

Perforating Gastric ulcer

INTERVAL BETWEEN ONSET AND DEATH

no judg

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Alcoholism

DUE TO (c)

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

3 x 2 1/220. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1952 to Dec 29, 1952, that I last saw the deceased alive on Dec 29, 1952, and that death occurred at 4:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Forrest Thomas M D

23b. ADDRESS

St Joseph Mo, State Hospital No 2

23c. DATE SIGNED

12/29-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

12-31-1952

24d. LOCATION (City, town, or county) (State)

City St Joseph MO

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

Jan 3, 1953 Carl C. Casty

25. FUNERAL DIRECTOR'S SIGNATURE

Beatrice Gray 812 Pacific St

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

FILED JAN 12 1953

ESSEL-BLOOMER

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 _____

Lucas J. Lehman

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.