

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41689**
Registrar's No. **416**

No. 300
10.48 FILED DEC 22 1952

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. 41689		Registrar's No. 416					
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway									
b. CITY (If outside corporate limits, write RURAL and give township) Fulton				c. LENGTH OF STAY (in this place) 5 Days		c. CITY (If outside corporate limits, write RURAL and give township) Fulton 0143							
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital				d. STREET ADDRESS (If rural, give location) 408 E. 2nd Street									
3. NAME OF DECEASED (Type or Print) a. (First) Sara			b. (Middle) _____			c. (Last) Payton			4. DATE OF DEATH (Month) (Day) (Year) December 19/52				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 10/1876		9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Fulton Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Leonard Backer				13b. MOTHER'S MAIDEN NAME Mary E. Anderson				14. NAME OF HUSBAND OR WIFE Walter Payton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME William Payton			ADDRESS Fulton Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 days ?			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				331X		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 12-16 , 19 52 to 12-19 , 19 52 , that I last saw the deceased alive on 12-19 , 19 52 , and that death occurred at 4:00 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) John J. Brown MD				23b. ADDRESS Fulton Mo				23c. DATE SIGNED 12-20-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21/52		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery			24d. LOCATION (City, town, or county) (State) Fulton Missouri						
DATE REC'D BY LOCAL REG. Dec. 20. 1952		REGISTRAR'S SIGNATURE Maretha Lawrence 426-0			25. FUNERAL DIRECTOR'S SIGNATURE Maupin & N. ADDRESS Fulton Mo								

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

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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

Henry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fuller St

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.