

FILED MAY 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13716

BIRTH NO. _____		REG. DIST. NO. 88		PRIMARY REG. DIST. NO. 4151		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY CRAWFORD COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE CRAWFORD b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEELVILLE MO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steelville Mo 0280			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) FERRALD b. (Middle) E c. (Last) PAYNE			4. DATE OF DEATH (Month) (Day) (Year) April 13 - 1953				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Sept 5-1903	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEELER		10b. KIND OF BUSINESS OR INDUSTRY Steel		11. BIRTHPLACE (City and State or Foreign Country) STEELVILLE MO	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME EDD PAYNE		13b. MOTHER'S MAIDEN NAME MARIE WESTOVER		14. NAME OF HUSBAN/H OR WIFE REABEL PAYNE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS REABEL PAYNE STEELVILLE MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Occlusion *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 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 Sudden years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 13 April, 1953 , to _____, 19____, that I last saw the deceased alive on 13 April, 1953 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John L. Campbell MD				23b. ADDRESS Steelville, Mo		23c. DATE SIGNED 30 April 53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 16-53		24c. NAME OF CEMETERY OR CREMATORY Liberty		24d. LOCATION (City, town, or county) (State) Steelville Mo	
DATE REC'D BY LOCAL REG. 5-13-53		REGISTRAR'S SIGNATURE [Signature]		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Fosson Funeral Home Steelville Mo			

MO

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

MAR 9 : 1955

MAY 19 1955

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 M. Jones

Licensed Embalmer No. 2628

P. O. Address Steubenville, W. Va.

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.