

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22168

FILED JUL 10 1953

BIRTH NO.		REG. DIST. NO. <u>199</u>		PRIMARY REG. DIST. NO. <u>4313</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elmer</u>		c. LENGTH OF STAY (In this place) <u>0610</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elmer</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Payton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>April 24 1948</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>1st Dist</u>		9b. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (City and State or Foreign Country) <u>Ft Madison Iowa</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
12a. FATHER'S NAME <u>Robert Wayne Payton</u>			12b. MOTHER'S MAIDEN NAME? <u>Ruth Elizabeth Bailey</u>			12c. NAME OF HUSBAND OR WIFE	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. SOCIAL SECURITY NO.		15. INFORMANT'S SIGNATURE OR NAME		16. ADDRESS	
17. MEDICAL CERTIFICATION							
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental drowning</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
		ANTECEDENT CAUSES Morbid 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. <u>9290</u> <u>22</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP <u>Elmer</u> (COUNTY) <u>Macon</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 1 1953 5P.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>Fell through well top into well of water.</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1953</u> to <u>July 1, 1953</u> , that I last saw the deceased alive on <u>July 1, 1953</u> and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Donald A. Leitch</u>				23b. ADDRESS <u>La Plata Mo</u>		23c. DATE SIGNED <u>7-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmer</u>		24d. LOCATION (City, town, or county) (State) <u>Elmer Macon Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/7/1953</u>		REGISTRAR'S SIGNATURE <u>Daphne Howerton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Colburn</u>		ADDRESS <u>South Gifford Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

610  
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RECEIVED 7.9.53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7.53.120  
Date Filed 7.9.53

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 *W. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.