

STANDARD CERTIFICATE OF DEATH

281118

State File No.

FILED SEP 14 1953

REG. DIST. NO. 97 PRIMARY REG. DIST. NO. 3016 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILL CREEK TOWNSHIP 0710</u>	
c. LENGTH OF STAY (in this place) <u>7 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>10 M. N. VERSAILLES, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>CLoyCE</u>		a. (First) <u>M.</u> b. (Middle) <u>PAYSON</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 10, 1953</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>JAN 26, 1903</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u> Hours <u></u> Minutes <u></u>
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>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MORGAN CO, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>MORRIS E. PAYSON</u>		13b. MOTHER'S MAIDEN NAME <u>ALPHA IRBY</u>		14. NAME OF HUSBAND OR WIFE <u>MAE PAYSON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>REX GUNN</u> ADDRESS <u>VERSAILLES, MO.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> 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: <u>331 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Sept 9, 1952, to Sept 10, 1953, that I last saw the deceased alive on Sept 9, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl L. Loyd, M.D.</u> (Degree or title)	23b. ADDRESS <u>Jeff. City, Mo.</u>	23c. DATE SIGNED <u>9-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>10 SEPT. 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>VERSAILLES, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 10-1953</u>	REGISTRAR'S SIGNATURE <u>R.P. Darric MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.F. Kibull Versailles, Mo.</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS AUG 10 1960

DEC 28 1960

SEP 26 1957

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

Raymond C. Forber

Licensed Embalmer No. *4686*

P. O. Address *Meriden, 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.