

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Sewell
State File No. **31525**

No. 300
10.48

FILED OCT 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>914</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY OR TOWN <u>Springfield,</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY OR TOWN <u>Springfield</u>		<u>0396</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 Cherry</u>				d. STREET ADDRESS (If rural, give location) <u>519 Cherry</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u>			b. (Middle) <u>Clyde</u>		c. (Last) <u>Payne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 27, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Dec. 12, 1888</u>		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Car Upholsterer</u>		11. BIRTHPLACE (State or foreign country) <u>Dalton, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Pauline Payne</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline Payne</u> ADDRESS <u>Springfield,</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Carcinoma probably</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Mo. 177x</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>With Multiple Metastases</u>							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>Shrunk out body</u>							
		DUE TO (c) <u>now</u>							
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>now</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma metastatic</u>						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) m.		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 <u>4-6, 1953 to 9-27, 1953</u> that I last saw the deceased alive on <u>9-24, 1953</u> and that death occurred at <u>4 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Sewell</u>				23b. ADDRESS <u>609 Cherry</u>			23c. DATE SIGNED <u>9-28-53</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-28-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri</u>					

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

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

Lewis G. Scharpf

Licensed Embalmer No. *3802*

P. O. Address *Springfield, M*

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.