

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43501**BIRTH NO. _____ REG. DIST. NO. **172** PRIMARY REG. DIST. NO. **4272** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly, Mo.		c. LENGTH OF STAY (in this place) 13 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Clinic		d. STREET ADDRESS (If rural, give location) 68 W. Jackson			

3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) Henton			c. (Last) Payne			4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 10-1906		9. AGE (in years) (last birthday) 47		IF UNDER 1 YEAR Months 9 Days 25 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Technician				10b. KIND OF BUSINESS OR INDUSTRY Short Wave Ham		11. BIRTHPLACE (State or foreign country) Marshall, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Parker H. Payne				13b. MOTHER'S MAIDEN NAME Robbie M. Henton				14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Parker H. Payne-Marshall, Mo.		ADDRESS	
---	--	-------------------------------------	--	---	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion acute				INTERVAL BETWEEN ONSET AND DEATH 5 minutes.	
		ANTECEDENT CAUSES DUE TO (b) cardio vascular renal disease				15 years	
		DUE TO (c) hypertrophic arthritis, multi articular.				15 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 1945		19b. MAJOR FINDINGS OF OPERATION fixation of spine				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)		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 **Jan. 5**, 19 **49**, to **Dec. 6**, 19 **53**, that I last saw the deceased alive on **Dec. 5**, 19 **53**, and that death occurred at **12:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Jordan J. Kelling, M.D.		(Degree or title)		23b. ADDRESS Waverly, Missouri		23c. DATE SIGNED 12/7/53	
--	--	-------------------	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/8/53		24c. NAME OF CEMETERY OR CREMATORY Ridge Park		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
---	--	-----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. Dec 7-1953		REGISTRAR'S SIGNATURE Clayton W. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE J. Leola Swamey		ADDRESS Marshall, Mo.	
---	--	--	--	--	--	---------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

0540

JAN 6 1971

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 J. Leslie Swanson

Licensed Embalmer No. 1235

P. O. Address W. Marshall, 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.