

FILED OCT 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33723

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3034		Registrar's No. 83			
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Fayette, Missouri)		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN Fayette		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Louisana Street				STREET ADDRESS (If rural, give location) Louisana Street					
3. NAME OF DECEASED (Type or Print) a. (First) David			b. (Middle) _____		c. (Last) Payne		4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1954		
5: SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 18/1/1954		9. AGE (In years) (last birthday) 78	
						IF UNDER 1 YEAR Months 2 Days 13		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm labor		11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jim Payne			13b. MOTHER'S MAIDEN NAME Caroline Schock			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, unknown) No.			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Willie Estill ADDRESS Fayette, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia						5 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic prostatic obstruction						unknown	
		DUE TO (c) Benign prostatic hypertrophy						unknown	
		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 6/10 x						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1 , 1954, to OCT 14 , 1954, that I last saw the deceased alive on October 13 , 1954, and that death occurred at 1:30 a.m. from the causes and on the date stated above.									
23a. SIGNATURE Francis D. Allen (Degree or title) MD				23b. ADDRESS Fayette, Mo				23c. DATE SIGNED 10-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/18/1954		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Missouri			
DATE REC'D BY LOCAL REG. 10-15-54		REGISTRAR'S SIGNATURE Mary K. Shell		436		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr ADDRESS Fayette, Mo.			

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, ~~on~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph A. Carr*.....
Licensed Embalmer No. *331*.....

P. O. Address *Fayette,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.