

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>605</u>							
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Michigan</u> b. COUNTY <u>Washtenaw, Co</u>									
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Willow Run Mich</u>		<u>8210</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp Cape Girardeau</u>				d. STREET ADDRESS (If rural, give location) <u>1388 E Riving Ch</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Freddie</u>			b. (Middle) <u>E</u>		c. (Last) <u>payne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 1955</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>12/13/53</u>		9. AGE (In years last birthday) <u>1</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>26</u>		11. UNDER 18 Hrs. Hours <u>1</u> Mts. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby Boy</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Ypsilanti, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U/S/A/</u>			
13a. FATHER'S NAME <u>Jimmy Payne</u>				13b. MOTHER'S MAIDEN NAME <u>Dehart</u>				14. NAME OF HUSBAND OR WIFE <u>XX</u>					
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Jimmy Payne</u>		ADDRESS <u>Willow Run Mich</u>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneu-mococcal spinal meningitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia with interstitial pneumonitis,</u>				3 weeks					
				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 <u>none</u>				19b. MAJOR FINDINGS OF OPERATION <u>491 X</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)		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>Dec. 24, 1954, to Jan. 8, 1955</u> , that I last saw the deceased alive on <u>Jan. 8, 1955</u> , and that death occurred at <u>9 P m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>H. H. Hehner, D.O.</u>				23b. ADDRESS <u>202 N. Main, Chaffee, Mo.</u>		23c. DATE SIGNED <u>1/13/55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/11/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo</u>							
DATE RECD BY LOCAL REG. <u>1-17-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albritton Funeral Home Sikeston, Mo</u>									

(Licensed Embalmer's Statement on Reverse Side)

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

John Allerton

Licensed Embalmer No. 2941

P. O. Address Superior Wis

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.