

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4218

State File No. ....

FILED FEB 28 1955

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 8

220

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

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give town): <b>Rural, Finley Twp.</b>		c. CITY OR TOWN <b>Christian Co.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Rural, at Home</b>		e. STREET ADDRESS (If rural, give location) <b>0220</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Modrell</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Payne</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 21, 1878</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>77</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Abraham Payne</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Glenn</b>	14. NAME OF HUSBAND/OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Neil Tatum, Wh. Ozark, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 month 2 (15-day)</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease (Coronary thrombosis)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, generalized, Sen</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	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)
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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?
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22. I hereby certify that I attended the deceased from 18 Jun 1955, to 3 Feb 1955, that I last saw the deceased alive on 2 Feb 1955, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Rogers M.D.</b>	(Degree or title)	23b. ADDRESS <b>Ozark, Mo.</b>	23c. DATE SIGNED <b>16 Feb 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 5, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Christian, Co. Mo.</b>
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DATE REC'D BY LOCAL REG <b>Feb 25 1955</b>	REGISTRAR'S SIGNATURE <b>Louella Leonard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b>	ADDRESS <b>Ozark, Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *T. B. Chaffin*.....

Licensed Embalmer No. *2192*

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