

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14607

State File No.

FILED JUN 7 1955

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5086 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Homer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Homer</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>807th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None - 4 mi. S. W. Amoret</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jasper</u> b. (Middle) <u>Paysons</u> c. (Last) <u>Paysons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-1-55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-4-1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Adams Co., Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Seth Payson</u>	13b. MOTHER'S MAIDEN NAME <u>Winnie Jacobs</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Della Bailey</u>	ADDRESS <u>Butler, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacterial Endocarditis</u> DUE TO (c) <u>Oral Sepsis</u>		<u>30 months</u> <u>15 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardio-Renal Syndrome + Arterial Sclerosis</u>		<u>10 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>	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) m.	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 Nov. 21, 1947 to June 1, 1955, that I last saw the deceased alive on May 31, 1955, and that death occurred at 11:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Schindler, D.O.</u> (Degree or title)	23b. ADDRESS <u>Amoret, Missouri</u>	23c. DATE SIGNED <u>6-2-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benjamin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bates County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-4-55</u>	REGISTRAR'S SIGNATURE <u>Randall Murray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch & Margalit - Amoret, Mo.</u>	ADDRESS
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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

Robert L. Mangold

Licensed Embalmer No. *4972*

P. O. Address *La Cigne, Kans*

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.