

FILED MAR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10314

State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Osceola</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0930</u>													
3. NAME OF DECEASED (Type or Print) <u>Charles</u>			a. (First) <u>A.</u>			b. (Middle) <u>Payton</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan; 6, 1889</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Piqua Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>James H. Payton</u>				13b. MOTHER'S MAIDEN NAME <u>Susan A. Straub</u>				14. NAME OF HUSBAND OR WIFE <u>Lydia M. Payton</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW# 1</u>				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Lydia M. Payton, Osceola Missouri</u>				ADDRESS					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> ANTECEDENT CAUSES If forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> 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				19b. MAJOR FINDINGS OF OPERATION				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) <u>4201</u>											
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>MARCH 4</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on <u>MARCH 4, 1956</u> , and that death occurred at <u>4: P</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>H. S. Chapman, D.O.</u>						23b. ADDRESS <u>Osceola Mo.</u>				23c. DATE SIGNED <u>3/5/56</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/7/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>				24d. LOCATION (City, town, or county) (State) <u>Fort Scott Kansas</u>									
DATE REC'D BY LOCAL REG. <u>3/6/56</u>		REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. ...</u>				ADDRESS							

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1928

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: *J.B. [Signature]*

Licensed Embalmer No. *30*

P. O. Address *Ossese*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.