

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22887

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 802

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>68 years</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1022 Charles St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>1022 Charles Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>CALVIN</b> c. (Last) <b>PAYNE, SR.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 24, 1956</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Oct. 23, 1885</b>		9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. partsman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Company</b>			

13a. FATHER'S NAME <b>James C. Payne</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Leiburn</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Elva Payne</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elva Payne, 1022 Charles, St. Joseph, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		unknown	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial Asthma</b>		unknown	

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) <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Dec. 18, 1954, to July 24, 1956, that I last saw the deceased alive on July 6, 1956, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Allen Spelman</b>		23b. ADDRESS <b>M. D. 706 Francis St., St. Joseph, Mo.</b>		23c. DATE SIGNED <b>7/26/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/27/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>			

DATE REC'D BY LOCAL REG <b>July 31, 1956</b>		REGISTRAR'S SIGNATURE <b>Catherine M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter - Bowman St. Joseph Mo</b>	
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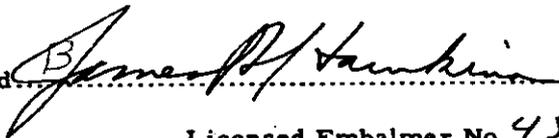
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

48 50

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  .....

Licensed Embalmer No. 4536

P. O. Address 319th 10th St

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.