

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23407

State File No.

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 704

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 73 yrs	c. CITY OR TOWN Springfield
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		e. STREET ADDRESS (If rural, give location) 1319 S. National 0296	
3. NAME OF DECEASED (Type or Print) a. (First) PAUL	b. (Middle) J.	c. (Last) PAYNE	4. DATE OF DEATH (Month) (Day) (Year) July 30, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 12 1882
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Asst. Post Master		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Greene Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm. Payne		13b. MOTHER'S MAIDEN NAME Julia Reed	14. NAME OF HUSBAND OR WIFE Widowed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wayne Fredrick Spfld. Mo.	
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) ACUTE CORONARY THROMBOSIS 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. CARCINOMA of Sigmoid	
19a. DATE OF OPERATION 7-16-56		19b. MAJOR FINDINGS OF OPERATION WIDESPREAD METASTASES	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Springfield GREENE Mo	
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 July 13, 1956 , to July 30, 1956 , that I last saw the deceased alive on July 30, 1956 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE James T. Brown		(Degree or title) MD	23b. ADDRESS Professional Bldg
23c. DATE SIGNED 8/1/56			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 8-1-56	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REG. 8-1-56	REGISTRAR'S SIGNATURE Edna Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner Spfld. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

SEP 13 1956

AUG 16 1957

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 *Max Hudson*.....

Licensed Embalmer No. 40.....

P. O. Address *Spring*.....

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.