

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40262
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>11 months</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Modern Rest Home 432 N. Russell St</u>		e. STREET ADDRESS (If rural, give location) <u>679 North Ted Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Hammer</u> c. (Last) <u>Payne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3rd, 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>Sept. 5th, 1886</u>		9. AGE (In years) <u>70</u>		IF UNDER 1 YEAR: Months <u>2</u> Days <u>28</u> IF UNDER 14 RES. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfax, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles H. Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Isabella Dunlap</u>		14. NAME OF HUSBAND OR WIFE <u>Marian Brightwell Payne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World war I</u>		16. SOCIAL SECURITY NO. <u>500-10-7330</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marion Payne, Marshall, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH	
		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>			20. AUTOPSY? YES <input 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)		
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, 1953, to Dec 3, 1956, that I last saw the deceased alive on Dec 3, 1956, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A. Reid M.D.</u>		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>12-4-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 6, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>12-5-56</u>		REGISTRAR'S SIGNATURE <u>Carl H. Reid</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis Marshall, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

529
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7310 28 1957

JUN 26 1958

MAY 29 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.....
James H. Lewis

Licensed Embalmer No. *4709*

P. O. Address *Marshall, W. Va.*

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.