

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

230

State File No. ....

No. 300  
10-48

FILED JAN 21 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 2006 Registrar's No. 22

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

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Boone</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>   |                                   | c. LENGTH OF STAY (in this place) <u>2 Mos</u>   | c. CITY OR TOWN <u>Ashland</u>                      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rector Nursing Home</u>   |                                   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Thomas</u><br>b. (Middle) <u>Robnett</u><br>c. (Last) <u>Payne</u>  |                                   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan. 15 1957</u>  |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>  | 8. DATE OF BIRTH <u>Nov. 7 1877</u>                 |
| 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 | 9. AGE (In years last birthday) <u>79</u>  | IF UNDER 1 YEAR<br>Months <u>2</u><br>Days <u>8</u> |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton Missouri</u>  |                                   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME <u>E. Howard Payne</u>  |                                   | 13b. MOTHER'S MAIDEN NAME <u>Margaret Robnett</u>  |   |
| 14. NAME OF HUSBAND OR WIFE  |                                   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)   |   |
| 16. SOCIAL SECURITY NO.  |                                   | 17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Payne</u> ADDRESS <u>806 Crestland Columbia Mo.</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death. |                                   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma Rectum</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized metastases</u> |   |
| 19a. DATE OF OPERATION <u>Sept 20, 1955</u>  |                                   | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rectum</u>   |   |
| 20. AUTOPSY? <u>2</u><br>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>154X</u>  |   |
| 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?   |                                   | 22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>55</u> , to <u>January</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>15 Jan</u> , 19 <u>57</u> , and that death occurred at <u>8 p m.</u> , from the causes and on the date stated above.  |   |
| 23a. SIGNATURE <u>John J. Modlin M.D.</u> (Degree or title)  |                                   | 23b. ADDRESS <u>Columbia Mo</u>  |   |
| 23c. DATE SIGNED <u>Jan 17, 1957</u>   |                                   | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  |   |
| 24b. DATE <u>Jan. 17 1957</u>  |                                   | 24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>  |   |
| 24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>   |                                   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W<sup>th</sup> C Burnett</u> ADDRESS <u>Ashland Mo</u>   |   |
| DATE REC'D BY LOCAL REG. <u>Jan. 17, 1957</u>  |                                   | REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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**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 *W. L. Burnett* .....

Licensed Embalmer No. *356* .....

P. O. Address .....

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