

Health,  
& Welfare  
Public  
Service

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34772

STATE FILE NUMBER

Registration District No. #15

Primary Registration District No. 3004

Registrar's No. 86

300  
1-57

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Barton</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Lamar</b>  |  | c. CITY OR TOWN <b>Lamar</b>  |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Barton Co. Hospital</b>  |  | d. STREET ADDRESS <b>303 West Tenth St.</b>   |   |
| Length of stay in 1b<br><b>6 months</b>  |  | (If outside, give location)<br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>SARAH</b> Middle <b>ELIZABETH</b> Last <b>PAYTON</b>   |  |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>14,</b> Year <b>1957</b>                             |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b>                        | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 27, 1868</b>  |
| 9. AGE (In years last birthday) <b>88</b>  | IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>8</b> | IF UNDER 24 HRS.<br>Hours <b>8</b> Min. <b>8</b>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Lewis County, Missouri</b>                       |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |  |   |   |
| 13a. FATHER'S NAME<br><b>Charles A. Shackelford</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Rebecca Ammerman</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Daniel Nelson Payton</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Mr. Dan Payton, Lamar, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Terminal Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b): <b>Cancer of Rectum</b><br>DUE TO (c): <b>Fractured Hip -</b> |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days 9 mos.?</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><b>Fractured Hip -</b>   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>154XF</b>  |   |
| 20c. TIME OF INJURY<br>Hour <b>3:15</b> Month, Day, Year <b>10-13-57</b><br>a.m. p.m.  |  | 20d. INJURY OCCURRED. WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from <b>10-13-57</b> to <b>10-14-57</b> and last saw <sup>her</sup> alive on <b>10-14-57</b><br>Death occurred at <b>3:15 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE<br><b>Herbert M. Arnold M.D.</b> (Deputy or title)  |  | 22b. ADDRESS<br><b>Lamar, Missouri</b>  |   |
| 22c. DATE SIGNED<br><b>10-15-57</b>  |  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>Oct. 16, 1957</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lake Cemetery</b>  |
| 23d. LOCATION (City, town, or county)<br><b>Lamar, Mo.</b>   |  | (State)   |   |
| 24. FUNERAL DIRECTOR<br><b>Chies Funeral Home, Lamar, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 16 '57</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Marie Konasitz</b>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 22 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 *Charles M. Cole* .....

Licensed Embalmer No. *3473* .....

P. O. Address *Jama, Mo.* .....

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.