FILED JAN 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1756
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mt. View Conval. Home — Length of stay in 1b 7 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 206 Main St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Clarence Middle Wm. Last Payne
4. DATE OF DEATH Month 1/21/58 Day Year
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH Aug. 22, 1898
9. AGE (In years last birthday) 59 — 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) Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY Western Union
11. BIRTHPLACE (City and state or country) Mokane, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John E. Payne
14. MOTHER'S MAIDEN NAME Mary Kouns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-01-4427
17. INFORMANT Address Mrs. Clarence Kouns, Crescent, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 16, 1957 to January 7, 1958 and last saw her/him alive on January 7, 58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gustav Folgar, M. D.
22b. ADDRESS Festus, Mo
22c. DATE SIGNED 1/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/23/58
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery,
23d. LOCATION (City, town, or county) (State) Pond, Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home, Ballwin, Mo.
25. DATE RECD. BY LOCAL REG. 1-22-58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 28 1958

FEB 3 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Richard Bopp.....

Licensed Embalmer No..45

P. O. Address Ballwin

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