Doctor, coroner, etc. must use only standard nomenclature in Part 1b. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1958

STATE FILE NUMBER 2114

Registration District No. 241 Primary Registration District No. 1360 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY NEW MADRID
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PORTAGEVILLE — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY NEW MADRID
c. CITY OR TOWN PORTAGEVILLE 0721 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ROBERT Middle Last PAYNE
4. DATE OF DEATH Month JAN. Day 7, Year 1958
5. SEX MALE
6. COLOR OR RACE COLORED
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1898
9. AGE (In years last birthday) 60 — 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) DAY LABORER
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) GIBSON COUNTY, TENN.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME VAN WADE
14. MOTHER'S MAIDEN NAME EASTER DUNNIGAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT EDDIE WADE Address UNION CITY, TENNESSEE

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) Chronic Lymphocytic Leukemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 2040
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)
Severe Hypertensive Cardio-Vascular Disease
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 Jan. 1, 1958, to ____ and last saw he/she/him alive on Jan. 1, 1958
Death occurred at 10:00 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Andrew E. Painter (Degree or title) M.D.
22b. ADDRESS King Street Portageville, Mo.
22c. DATE SIGNED 10 Jan 58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN. 9, 1958
23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE COLORED CEMETERY
23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR ADDRESS PORTAGEVILLE, MO.
25. DATE RECD. BY LOCAL REG. 1/10/58
26. REGISTRAR'S SIGNATURE Ellen W. Lisle Wilson

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1958

DATE RECEIVED JAN 14 1958
NEW MADRID CO. HEALTH CENTER

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 Joseph A. DiLis

Licensed Embalmer No. 4481

P. O. Address PORTAGEVILLE,

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