

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI 5685-58
 STANDARD CERTIFICATE OF DEATH

58-004350
 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Florence</u>		d. STREET ADDRESS (If rural, give location) <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u>		b. (Middle) <u>BOY</u>		c. (Last) <u>PAYNE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 58</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>		8. DATE OF BIRTH <u>2-11-58</u>	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Harold Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Orie Eileen Self</u>		14. NAME OF HUSBAND OR WIFE			
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'S SIGNATURE OR NAME ADDRESS <u>Robert Harold Payne New Florence</u>			
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 HR</u>			
ANTECEDENT CAUSES DUE TO (b) <u>PREMATURITY</u>							
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		20. AUTOPSY? <u>0</u>		YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7735</u>			
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 <u>3:15 AM 2-11-58</u> to <u>2-11, 1958</u> , that I last saw the deceased alive on <u>2-11-1958</u> , and that death occurred at <u>9 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leonard J. [Signature]</u>				23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>2-11-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb-12-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Co. Mort.</u>		24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 11-1958</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W B Baker America Mo</u>			

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

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
Student Embalmer

Signed D. B. Baker

Licensed Embalmer No. 3324

P. O. Address Arundel, 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 this body is not embalmed, fact should be so stated above.