

THE DIVISION OF HEALTH OF MISSOURI ¹⁰⁵³⁰⁻⁵⁸
STANDARD CERTIFICATE OF DEATH

58-006794

STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood		c. CITY OR TOWN Ft Leonard Wood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) US Army Hospital	

3. NAME OF DECEASED (Type or print) First Edward Middle Loy Last Payne			4. DATE OF DEATH Month February Day 21 Year 1958		
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 16 February 1958	9. AGE (In years last birthday) 5 Months 13 Days	IF UNDER 1 YEAR Months 5 Days 13 Min.	IF UNDER 24 HRS. Min.
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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 country) Ft Leonard Wood, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Payne	13b. MOTHER'S MAIDEN NAME Christina H. Eder	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT B S Wysocki, Major MSC Ft Leonard Wood, Mo	Address US Army Hospital
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 7735
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hyaline Membrane	
	DUE TO (c) Due to immaturity (Less than 1000 Grams)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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
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21. I attended the deceased from February 16, 58 to February 21, 58 and last saw XX alive on 21 February 1958 Death occurred at 1:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Donald W. Frank Capt. MC. (Degree or title)	22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	22c. DATE SIGNED 22 Feb 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-22-58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) BRUNSWICK GEORGIA
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24. FUNERAL DIRECTOR Billy J. Hedges, Richland, MO	25. DATE RECD. BY LOCAL REG. 2-22-58	26. REGISTRAR'S SIGNATURE Clara Mae Anderson
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health, Welfare public service
 300
 -57
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Locality, chamber, etc., must use only standard certificate forms
 All diseases in Part I must be causally related.

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 *Clarence Probst*

82, 18, 1915
Licensed Embalmer No. *4896*
P. O. Address *Waynesville, Md.*

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.