

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026187
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 184 Primary Registration District No. 4299 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bucklin, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN South San Gabriel 8040		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION Home of Mr. & Mrs Frank Anderson			Length of stay in lb 3 Weeks		d. STREET ADDRESS 8353 East Garney, Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Corbett John Payne				4. DATE OF DEATH Month Day Year August 3, 1958				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 13, 1892		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Month Days 10 20	IF UNDER 24 HRS. Hours Min. /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Operator			10b. KIND OF BUSINESS OR INDUSTRY (Retired)		11. BIRTHPLACE (City and state or country) Westville Center, New York		12. CITIZEN OF WHAT COUNTRY? U.S.S. A.	
13. FATHER'S NAME Thomas Payne				14. MOTHER'S MAIDEN NAME Addie Prue				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes. 1910 to 1913			16. SOCIAL SECURITY NO. 547-09-0903		17. INFORMANT Mrs Essa Anderson		Address Bucklin, Missouri	
18. CAUSE OF DEATH [Enter only one cause pertaining for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Internal Hemorrhage DUE TO (c) Gastric Carcinoma 151X							INTERVAL BETWEEN ONSET AND DEATH hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Partial & Biliary Obstruction							19. WAS AUTOPSY PERFORMED? 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.)					
20c. TIME OF INJURY Hour Month, Day, Year 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 May 20, 1958 to Aug. 3, 1958 and last saw him alive on Aug. 3, 1958 Death occurred at 4:55 pm on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R. G. Quinliss D. O. 2				22b. ADDRESS Bucklin Mo		22c. DATE SIGNED 8-4-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery		23d. LOCATION (City, town, or county) (State) LaPlata, Missouri			
24. FUNERAL DIRECTOR ADDRESS Larson Funeral Service, Bucklin, Mo.				25. DATE RECD. BY LOCAL REG. Aug. 4, 1958		26. REGISTRAR'S SIGNATURE Kathleen Johnson		

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

AUG 13 1958

AUG 14 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.....
C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mis

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.