

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037326
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 391

5. 300
6. 1-57

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1105 S. Stewart		Length of stay in 1b Life	STREET ADDRESS (If outside, give location) 1405 S. Stewart		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LELIA Middle PAYNE Last PAYNE			4. DATE OF DEATH Month Oct. Day 10, Year 1958		
5. SEX Female	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. 6, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Goolsby		13b. MOTHER'S MAIDEN NAME Lucy Greer		14. NAME OF HUSBAND OR WIFE Oliver H. Payne	
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. None	17. INFORMANT Mrs. Willa Laudenberg, Sedalia, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia.					INTERVAL BETWEEN ONSET AND DEATH 24 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio-Vascular Disease. Over 5 years.					3 weeks ago.
DUE TO (c) 2nd Cerebral Hemorrhage -Left Hemiplegia.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio-Sclerosis. Advanced. Over 5 years. 4221					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) None			
20c. TIME OF INJURY Hour None. Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	20f. CITY, TOWN, OR LOCATION Sedalia, Missouri		STATE Missouri
21. I attended the deceased from over 25 yrs to Oct. 10th, 1958 and last saw her/him alive on Oct. 9th, 1958 Death occurred at 4.20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Jno. B. Carlisle, M.D.			22b. ADDRESS Sedalia, Missouri.		22c. DATE SIGNED 10-11-58.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery	23d. LOCATION (City, town, or county) (State) Pettis County, Missouri		
24. FUNERAL DIRECTOR D. W. Heckart, Sedalia, Mo		25. DATE RECD. BY LOCAL REG. Oct. 12 1958	26. REGISTRAR'S SIGNATURE Frances Shelby		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JUN 9 1959

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 *D. L. Steffer*

Licensed Embalmer No. *5063*

P. O. Address *Adalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.