

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011632

STATE FILE NUMBER

MAR 18 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 623

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webster Groves 4587</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. L. Co. Hosp</b>		Length of stay in lb <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>216 No Old Orchard Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Annie</b> Middle <b>Payne</b> Last <b>Payne</b>			4. DATE OF DEATH Month <b>March</b> Day <b>8</b> Year <b>1959</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 14, 1870</b>		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. <b>89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nursing (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>George Payne</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Frances Louthen</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Margaret Hahn 216 No. Old Orchard Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Empyema Left Lung</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Acute Left Lower Lobe Pneumonia</b> DUE TO (c) <b>Severe Generalized Arteriosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH
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.) <b>490X</b>		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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 <b>Clayton</b>		COUNTY <b>Mo</b> STATE
21. I attended the deceased from <b>3-5-59</b> to <b>3-8-59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>3-8-59</b> Death occurred at <b>7:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE <b>J. A. Garrison, Jr. M.D.</b> (Degree or title)		
22b. ADDRESS <b>601 S. Brentwood, Clayton, Mo</b>			22c. DATE SIGNED <b>3-8-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal-rail</b>		23b. DATE <b>3/9/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Mora Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
24. FUNERAL DIRECTOR <b>M. J. Croghan, 831 E. Big Bend, W.G. 19</b>		25. DATE RECD. BY LOCAL REG. <b>3-8-59</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Herbert J. Gump* .....

Licensed Embalmer No. *4800* .....

P. O. Address *Highland* .....

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.