

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036757

FILED VS NOV 4 1959
 ENDED

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lafayette				
b. CITY (If outside corporate limits, give TOWNSHIP only) Lexington		Length of stay in 1b 30 yrs		c. CITY OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 328 North 16th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND FULTON PAYNE				4. DATE OF DEATH Month Day Year October 14 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Decem^{ber} 23/1894	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY Mo. Public Serv. Co.		11. BIRTHPLACE (City and state or country) Malta Bend, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Albert Payne			13b. MOTHER'S MAIDEN NAME Virginia Fulton			14. NAME OF HUSBAND OR WIFE Maurine Markland 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. 495-07-2621		17. INFORMANT Address Mrs. Maurine Payne, Lexington, 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) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 4 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Oct. 9, 1959</u> to <u>Oct. 14, 1959</u> and saw her/him die on <u>Oct. 14, 1959</u> Death occurred at <u>7:15 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ben H. Brosher M.D.				22b. ADDRESS Lexington, Mo.		22c. DATE SIGNED 10/16/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/17/1959	23c. NAME OF CEMETERY OR CREMATORY Mechpelah		23d. LOCATION (City, town, or county) Lexington Missouri.		(State)		
24. FUNERAL DIRECTOR Garrett J. Gumpel		ADDRESS Lexington, Mo. 20-35		DATE RECD. BY LOCAL REG. 10-20-59	26. REGISTRAR'S SIGNATURE Maurine C. Guntelmann			

BY AFFIDAVIT OF Registrar MEDICAL CERTIFICATION DOCUMENT

VS NOV 6 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

Garret J. Gumpel

Licensed Embalmer No. 3275

P. O. Address Springfield

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.

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