

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-043121**

**FILED VS. NOV 17 1959** 360

Registration District No. \_\_\_\_\_ Primary Registration District No. 3076 Registrar's No. 229

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b		c. CITY OR TOWN <u>RR Rich Hill</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. City Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Kenneth</u> Middle <u>Francis</u> Last <u>Payne</u>				4. DATE OF DEATH Month <u>11</u> Day <u>7</u> Year <u>59</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/3/18</u>	9. AGE (last birthday) <u>41</u>	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) <u>boilermaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>construction</u>		11. BIRTHPLACE (City and state or country) <u>Rich Hill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Francis W. Payne</u>			13b. MOTHER'S MAIDEN NAME <u>Venie Graham</u>			14. NAME OF HUSBAND OR WIFE <u>Thelma Payne</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes W.W.II</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs Thelma Payne-Rich Hill, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> DUE TO (b) <u>Internal Injury caused by fall</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>3 Weeks</u>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell about 10 feet - striking head + shoulder (left)</u>							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>11-9-59</u>		GENERAL HOSP. CLINTON, MO - FIRST TRAGED ACCIDENT			DIAGNOSED - ACROMIO-CLAVICULAR STRAIN.				
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>DEEPWATER POWER-DAM - MONTROSE</u>		20f. CITY, TOWN, OR LOCATION <u>HENRY, MO</u>		COUNTY _____ STATE _____			
21. I attended the deceased from <u>NOV. 6. 1957</u> , to <u>NOV. 7. 1959</u> and last saw him alive on <u>NOV. 6. 1959</u> Death occurred at <u>NEVADA - MO</u> <u>8:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Thomas F. Doyle DO</u>				22b. ADDRESS <u>Rich Hill, Mo.</u>				22c. DATE SIGNED <u>11-9-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11/9/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rider Cemetery</u>		23d. LOCATION (City, town, or county) <u>Bates County, Missouri</u>			(State)	
24. FUNERAL DIRECTOR <u>Booth Funeral Service-Rich Hill, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-14-1959</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 9 1959

VS NOV 25 1959

VS NOV 18 1959

STATEMENT BY LICENSED EMBALMER

JAN 6 1960 MAY 6

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 *Richard H. Shale*

Licensed Embalmer No. 4535

P. O. Address Peabody, Mass.

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.