

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006481

EILED VS MAR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1132 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 8 days	c. CITY OR TOWN Sugar Creek Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10805 Scarritt Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Henry Middle Payur Last Payur			4. DATE OF DEATH Month Feb. Day 20 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-27-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.	11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY ---
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Tona Payur	
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. 486 03 0708	17. INFORMANT George H Payur Address 10805 Scarritt Sugar Creek, 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) <i>Extr Pleural Abscess On Chest Wall</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Asteromyxitis 11th Thoracic Vertebra</i>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Myelomatosis of Spinal Cord</i>		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	
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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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 *May 1959* to *Oct 20 - 60* and last saw her/him alive on *Oct 20, 1960*
Death occurred at *11:05 PM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Arthur B. Rhodes M.D.</i>		22b. ADDRESS <i>630 Professional Bldg K.C. Mo 64102</i>		22c. DATE SIGNED <i>2/2/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/23/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary cemetery	23d. LOCATION (City, town, or county) Kansas City, Kansas	
24. FUNERAL DIRECTOR Geo. E. Carson & Sons ADDRESS Indep., Mo.		25. DATE RECD. BY LOCAL REG. 2-25-60	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF Arthur B. Rhodes

STATEMENT BY LICENSED EMBALMER

JUN 22 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. Kenneth Patterson*

Licensed Embalmer No. 4697

P. O. Address Indy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.