URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-009141

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 627 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b 14 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN Eureka — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Virginia Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DELIA Middle Last PAYNE
4. DATE OF DEATH Month Feb Day 21 Year 1960
5. SEX Female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug 80
9. AGE (last birthday) 80 — 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) housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Unk.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Mary Shipman
14. NAME OF HUSBAND OR WIFE John M. Payne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Address Vernon Payne 18 Dwyer, Ladue, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Massive
IMMEDIATE CAUSE (a) CORONARY infarction — INTERVAL BETWEEN ONSET AND DEATH 30"
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Lobar pneumonia + pleural effusion
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had - CORONARY infarction - the past -
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb. 8 - 1960 to Feb 21 1960 and last saw her/him alive on 21 - Feb 1960
Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD.
22b. ADDRESS Pacific Mo.
22c. DATE SIGNED 2/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-25-60
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) Pond, Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home Ballwin, Mo.
25. DATE RECD. BY LOCAL REG. 2-24-60
26. REGISTRAR'S SIGNATURE [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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_____ Signed Richard Bopp

Signature of Student Embalmer

Licensed Embalmer No. 4584

P. O. Address Baldwin

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