

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033411

XC 1879163 R# A 1463

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2518

STATE FILE NUMBER

FILED

VS. SEP 1 9 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 79 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL, MO		d. STREET ADDRESS (If outside, give location) 3111 RUTGER STREET	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHNIE Middle PAYTON Last			4. DATE OF DEATH Month AUGUST Day 20 Year 1960		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-9-94	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) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and state or country) VICKSBURG, MISS.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN PAYTON		13b. MOTHER'S MAIDEN NAME FANNIE WILLIAMS	
14. NAME OF HUSBAND OR WIFE LILLIE PAYTON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WE-1		16. SOCIAL SECURITY NO.	
17. INFORMANT LILLIE PAYTON (WIFE)		Address 3111 RUTGER STREET, ST. LOUIS, MISSOURI			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
IMMEDIATE CAUSE (a) ADENOCARCINOMA OF PROSTATE, POSTERIOR LOBE WITH METASTASES		
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) MARKED BILATERAL ACUTE PYLENEPHRITIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <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 **6-2-60** to **8-20-60**
Death occurred at **3:35 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. OPPLER, M.D., Director Professional Services, VET. ADM. HOSPITAL, JEFF BRKS, MO.	22b. ADDRESS	22c. DATE SIGNED 8-21-60
23a. BURIAL, CREMATION, EMERALD	23b. DATE 8-26-60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.,		(State)

24. FUNERAL DIRECTOR G. Wade Granberry	ADDRESS 4202 Finney Ave.,	25. DATE RECD. BY LOCAL REG. 8-23-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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