

# R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042394

ED VS DEC 14 1960

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 576

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>CLAY JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Liberty Indep.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Liberty</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>400 NO. RIVER Rd. Skyview Manor Home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1513 LAKE Road</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>D.</u> Last <u>PAYNE</u>			4. DATE OF DEATH Month <u>December</u> Day <u>3</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 8, 1875</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIGHT WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. CAR CO.</u>	11. BIRTHPLACE (City and state or country) <u>Edinburg, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES PAYNE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HARNES</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA PAYNE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-07-7425</u>		17. INFORMANT <u>A BERNE PAYNE</u> Address <u>1513 LAKE Rd</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>Cerebral Embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Pneumonia of Prostat</u>					<u>1 hr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>malnutrition</u>				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 checked="" 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>1957</u> to <u>Nov 29, 1960</u> and last saw <sup>him</sup> <del>her</del> alive on <u>Nov 29, 1960</u> Death occurred at <u>4:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>E. H. Wensch MD</u>			22b. ADDRESS <u>10901 Winnie</u>		22c. DATE SIGNED <u>12/3/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Dec. 5, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City MO.</u>	
24. FUNERAL DIRECTOR <u>Muehlebach</u>		ADDRESS <u>6800 TROOST</u>	25. DATE RECD. BY LOCAL REG. <u>12-5-60</u>	26. REGISTRAR'S SIGNATURE <u>JAMES P. ...</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr Dorsch  
10901 Winnebago Rd  
CL 2-0344

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. E. Nichole

Licensed Embalmer No. 489

P. O. Address K.C.

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