

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023563

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1599

AMENDED

FILED JUN 21 1961

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON</u> OR TOWN <u>ST. LOUIS CTY.</u>		Length of stay in 1b DOA	c. CITY OR TOWN <u>BRENTWOOD</u>
c. FULL NAME OF (If non-institutional, give HOSPITAL OR INSTITUTION) <u>MOBILE SO. HANLEY RD.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1615 SO HANLEY</u>

3. NAME OF DECEASED (Type or print) First <u>GORDON</u> Middle <u>ALBERT</u> Last <u>PAYNE</u>			4. DATE OF DEATH Month <u>6</u> Day <u>6</u> Year <u>61</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>C</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>5-25-79</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done or the nature of the business, even if retired) <u>NIGHT WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GORMAN COAL CO.</u>	11. BIRTHPLACE (City and state or country) <u>Coulterville Ill.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>RICHARD PAYNE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH REED</u>		14. NAME OF HUSBAND OR WIFE <u>NETTIE PAYNE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>PAULINE WHIT FIED 14 19 WALTON</u>		17. INFORMANT Address	

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>Unknown Natural Cause</u>		INTERVAL BETWEEN ONSET AND DEATH
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)		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 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>		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 _____, to _____ and last saw her/him alive on _____
Death occurred at 9:09A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John C. Murphy M.D. Asst. Health Commissioner</u>	22b. ADDRESS <u>801 S. Brentwood Clayton</u>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>6-10-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coulterville</u>	23d. LOCATION (City, town, or county) (State) <u>Ill.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>WALTON FUNERAL 2707 ST. JOHNS</u>	25. DATE RECD. BY LOCAL REG <u>6/11/61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.