SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-024841
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 692

FILED JUL 31 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield,
Length of stay in 1b: 15 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burge Protestant Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield,
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 808 N. Jefferson
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First REBA Middle R. Last PAYNE

4. DATE OF DEATH: Month July Day 22, Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: May 24, 1909
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months 1 Days 28
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Piano Instructor
10b. KIND OF BUSINESS OR INDUSTRY: College Instructor
11. BIRTHPLACE (City and state or country): Owensboro, Kentucky
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Warren Kent Robertson
13b. MOTHER'S MAIDEN NAME: Amanda Elton King
14. NAME OF HUSBAND OR WIFE: Richard J. Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard J. Payne Address: Springfield, Mo.

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Carcinomatosis	Appx	5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma of right breast	Appx	10 yrs.
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 5-29-51, to 7-22-61 and last saw her/him alive on 7-22-61
Death occurred at 11:40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. M. K. Lingner M.D.
22b. ADDRESS: 1630N. Jefferson, Spfgfield, Mo
22c. DATE SIGNED: 7-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 25, 1961
23c. NAME OF CEMETERY OR CREMATORY: Eastlawn
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 7-25-61
26. REGISTRAR'S SIGNATURE: Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1961

NOV 3 1961

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 L Doolin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo

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.