

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033577

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 62 STATE FILE NUMBER

AMENDED

FILED OCT 4 1961

1. PLACE OF DEATH
 a. COUNTY MADISON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN Length of stay in 1b 29 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Memorial Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY MADISON
 c. CITY OR TOWN FREDERICKTOWN Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 302 Newberry Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last BERTHA LORETTA PAYNE 4. DATE OF DEATH Month Day Year SEPT. 27, 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-25-1886 9. AGE (last birthday) 75 IF UNDER 1 YEAR Months 8 Days 12 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) ORAN, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ALONZO R. ATHERTON 13b. MOTHER'S MAIDEN NAME LAURA BRAY 14. NAME OF HUSBAND OR WIFE ARTHUR M. PAYNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT MAJOR JAMES A. ROBERTSON, HQTS. 6502, SOUTH DAKOTA Address ELLSWORTH AFB

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebrovascular Thrombosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus
 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 _____ Month, Day, Year _____ a.m. p.m.

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 Aug. 5, 1961 to Sept 27, 1961 and last saw her/him alive on Sept 27, 1961
 Death occurred at 11:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. Thomas Warren M.D. 22b. ADDRESS 115 So. Wood, Fredericktown, Mo. 22c. DATE SIGNED Sept 29, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 9-30-61 23c. NAME OF CEMETERY OR CREMATORY ESSEX CEMETERY 23d. LOCATION (City, town, or county) ESSEX MISSOURI

24. FUNERAL DIRECTOR ADDRESS SAM NASIM, JR., FREDERICKTOWN, MO. 25. DATE RECD. BY LOCAL REG. 9-29-1961 26. REGISTRAR'S SIGNATURE Therence [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Charles F. Weiss Jr.

Licensed Embalmer No. 4951

P. O. Address 218 E. College
Fredonia, Pa.

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.