

FILED JUN 7 1946

Registration District No. ....

Primary Registration District No. 3017

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Cooper  
 (b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)  
 In this community 5 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
 (c) City or town Keytesville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME Mrs Adda Alberta Payton

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm G. Payton 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 9 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>19</u>	hr. min.

9. Birthplace Buda Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Daniel Crisman

13. Birthplace Bedford Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Milanda Walter

15. Birthplace Bedford Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marjorie McCurry

(b) Address Salisbury - Missouri

17. (a) Burial (b) Date thereof May 30 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville - Mo

18. (a) Signature of funeral director Stegner

(b) Address Boonville, Mo.

19. (a) May 31 1946 (b) Clay Morris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th  
 year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Dec 4 1945 to 5-28 1946  
 that I last saw him alive on May 8 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death gangrene  
**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**  
 Due to Buerger's disease Duration 6 wks  
 ?

Due to arterial hypertension  
 Other conditions Myocarditis  
(Include pregnancy within 3 months of death)  
**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**  
 Major findings: Coronary atherosclerosis  
 Of autopsy None (over) PHYSICIAN Boonville  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (a) Means of injury M.D.  
 23. Signature Clay Morris (M. D. or other) M.D.  
 Address Boonville, Mo. Date signed 5/31/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. **9761**

**F 224**

District File Number \_\_\_\_\_

Date Filed 6-6-48

**MAR 4 1950**

**1950**

**MAR 1**

**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 \_\_\_\_\_

\_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed James W. Segner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.**

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of Coolidge } <sup>2</sup> SS.

State File No. ....  
Local Registrar's No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12 day of June, 1946, before me appears.....

W. H. McKin, M. D., who, upon his oath, states that the original record of <sup>birth</sup> death  
for Mrs Adda Payton died May 28, 1946, in the State of  
~~born~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. .... should read Cause of death: Carcinomatosis of abdominal cavity

Instead of.....  
Item No. .... should read Due to: Carcinoma of stomach ? duration?

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read Operation Total gastrectomy 6 weeks ago

Instead of..... Enterostomy May 28 1946

Item No. .... should read.....

Instead of..... Autopsy - Carcinomatosis of abdomen

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. H. McKin M.D. Relationship.  
Boonville, Mo  
Present Address.

Subscribed and sworn to before me this 12th day of June, 1946

My Commission expires March 4 - 1948 Gertrude F. Gross Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

15020

1942 - 1943

10/28