

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23635**
3149

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3149</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 34 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY					
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 2100 Forest Avenue 350					
3. NAME OF DECEASED (Type or Print) a. (First) FRED			b. (Middle) _____			c. (Last) PAYTON			
4. DATE OF DEATH (Month) (Day) (Year) JULY 17 1950		5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, DIVORCED			
8. DATE OF BIRTH APRIL 17 1882		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) SWEET SPRINGS, MISSOURI				12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME DENNIS PAYTON			13b. MOTHER'S MAIDEN NAME BILLA PAYNE			14. NAME OF HUSBAND OR WIFE _____			
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. _____		17. INFORMANT'S SIGNATURE OR NAME Bernice Allen ADDRESS Omaha nebr					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION & EDEMA				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES DUE TO (b) GENERALIZED DEBILITY					
				DUE TO (c) PARKINSON SYNDROME due to CEREBRAL ARTERIOSCLEROSIS					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS				334h	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>6-12-50</u> to <u>7-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-17</u> , 19 <u>50</u> , and that death occurred at <u>5:45A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE OF Frank Billa (Degree or title) MD				23b. ADDRESS 600 East 22nd Street				23c. DATE SIGNED 7-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-19-1950		24c. NAME OF CEMETERY OR CREMATORY WESTLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS.			
DATE REC'D BY LOCAL REG. 7-20-50		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE BRADY-BROWN		ADDRESS 1708 TRACY		

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Lawrence J. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. *4429*

P. O. Address *2580 E. 8th Ave. 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.