

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30124

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BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY GRUNDY			
b. CITY OR TOWN TRENTON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) SPICKARD		0400 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION CULLEPS HOSP.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) BARTON c. (Last) PAYNE			4. DATE OF DEATH (Month) (Day) (Year) JUNE 15 1950				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH SEPT-3-1874	
9. AGE (In years last birthday) 75		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		11. BIRTHPLACE (State or foreign country) GRUNDY CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ROSEPHUS PAYNE		13b. MOTHER'S MAIDEN NAME HARRIET DEAN		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Payne Spickard MO.			
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) Cerebral apoplexy  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular Disease DUE TO (c) Generalized arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 72 hours  43X	
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 June 12, 1950, to June 15, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 2:30 A. M., from the causes and on the date stated above.							
23a. SIGNATURE C. R. Clark		(Degree or title) M.D.		23b. ADDRESS TRENTON, MO.		23c. DATE SIGNED 6-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-17-50		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.		24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.	
DATE REC'D BY LOCAL REG. 6-16-50		REGISTRAR'S SIGNATURE Irene Fair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO.			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Cross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.