

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34025**

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **390**

1550

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
c. LENGTH OF STAY in this place 277 days		d. STREET ADDRESS (If rural, give location) 5843 Theodosia St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Alva c. (Last) Payton			4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 27, 1950		9. AGE (In years last birthday) 57		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			11. BIRTHPLACE (State or foreign country) Missouri		

13a. FATHER'S NAME James Payton		13b. MOTHER'S MAIDEN NAME Josiphene Scouple		14. NAME OF HUSBAND OR WIFE Vera Payton	
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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. 489-18-8488		17. INFORMANT'S SIGNATURE OR NAME Ruby Ann Wilson, Mt. Vernon, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis almost 6 yrs			
		INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from **Jan. 21, 1950**, to **Oct. 26, 1950**, that I last saw the deceased alive on **Oct. 25, 1950**, and that death occurred at **5:30a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Brasher M.D.		23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED Oct. 26, 50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct 26 1950		24c. NAME OF CEMETERY OR CREMATORY Payton, Mo.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. Oct 26, 1950		REGISTRAR'S SIGNATURE Cecil DeLuca		25. FUNERAL DIRECTOR'S SIGNATURE Jessett F. Home	
				ADDRESS MT V MO	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 28 1950

Dist. File 1050-2169

Date Filed 10-28-50

NOV 27 1950

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.....
Student Embalmer

Signed W. H. Fowitt

Licensed Embalmer No. 2201

P. O. Address MT Vernon, 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.