

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3662**

BIRTH NO. <u>0</u>		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>450</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0013</u> OR TOWN <u>Kirksville</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>1102 N. Osteopathy</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Jefferson</u>		c. (Last) <u>Payton</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 5, 1860</u>	9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner, Ret.</u>		11. BIRTHPLACE (State or foreign country) <u>0</u> <u>Macon County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Thomas Payton</u>		13b. MOTHER'S MAIDEN NAME <u>Mulligan</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie D. Floyd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Royal G. Payton, La Plata, Mo.</u>
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) <u>Status asthmaticus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>12 mos</u> <u>4222</u>
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) m.		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>Nov 10, 1950</u> to <u>Feb 9, 1951</u> , that I last saw the deceased alive on <u>Feb. 9, 1951</u> , and that death occurred at <u>8:15 m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Royal G. Payton, M.D.</u>		23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>2-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-11-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John M. O'Leary</u> <u>Kirksville, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-57-4
Date Filed: FEB 19 1951

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 _____

Rollie Kessel

Licensed Embalmer No. _____

4690

P. O. Address _____ Kirksville, 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.