

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19899**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 527

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Fair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Play</u> <u>0840</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>West Elm St 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Robert J.</u> b. (Middle) <u>Payuter</u> c. (Last) <u>Payuter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12-1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 30-1879</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charley W. Payuter</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Dunnington</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Payuter</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Kellen Miller</u>	
				ADDRESS <u>Springfield, Mo 1613 N. Fairway</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage of the occipital region</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
		ANTECEDENT CAUSES Morbidity 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. <u>Cerebral Hemorrhage</u>				<u>6 years</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>150X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>None</u>		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 5-21, 1951, to 6-12, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Williams, M.D.</u>		23b. ADDRESS <u>Springfield</u>		23c. DATE SIGNED <u>6-12-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>6-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lambert Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>West of Fair Play, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-15-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Widow Barker</u>	
				ADDRESS <u>Green & Blue Fair Play, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0396

JUL 31 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

William B. Ewing

Student Embalmer.....

Student Embalmer

Licensed Embalmer No. *3092*

P. O. Address *Baltimore, Md*

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.