

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7188**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 100

2013
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 2A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kirksville | | c. CITY (If outside corporate limits, write RURAL and give township) Novinger | |
| c. LENGTH OF STAY (in this place) 2 days | | d. STREET ADDRESS (If rural, give location) R. R. #2 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Stickler Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Ransford | b. (Middle) | c. (Last) Payton | 4. DATE OF DEATH (Month) (Day) (Year) Mch. 7 1952 |
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|--------------------|-------------------------------|---|---------------------------------------|---|--------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 21, 1868 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Month | IF UNDER 1 YEAR Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|--------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (City and State or Foreign Country) Adair Co., Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Thomas Payton | 13b. MOTHER'S MAIDEN NAME Martha Stivers | 14. NAME OF HUSBAND OR WIFE Lillie C. Dear |
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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. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie C. Payton, Novinger, Mo | ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 332X | |

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| 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) (m.) | 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 Mch. 5, 1952 to Mch. 7, 1952, that I last saw the deceased alive on Mch. 7, 1952, and that death occurred at 11:30 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) R. Stickler MD | 23b. ADDRESS Kirksville, Mo. | 23c. DATE SIGNED 2-7-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/9/52 | 24c. NAME OF CEMETERY OR CREMATORY Maple Hills | 24d. LOCATION (City, town, or county) (State) Kirksville, Mo |
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| DATE REC'D BY LOCAL REG. 3-10-52 | REGISTRAR'S SIGNATURE Walter Lambert | 25. FUNERAL DIRECTOR'S SIGNATURE Walter Lambert | ADDRESS Kirksville, Mo |
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AP 25 1962

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

Geeth Collier

Licensed Embalmer No. 3632

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.