

## STANDARD CERTIFICATE OF DEATH

1966

State File No. ....

FILED JUN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 E 2nd St.</u>		d. STREET ADDRESS (If rural, give location) <u>408 E 2nd</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>WALTER</u>	b. (Middle) <u>B.</u>	c. (Last) <u>PAYTON</u>	(Month) <u>June</u>	(Day) <u>20</u>	(Year) <u>1952</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>Aug 15, 1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTAINING MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M. E. Church</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway County</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM PAYTON</u>	13b. MOTHER'S MAIDEN NAME <u>EVELYN</u>	14. NAME OF HUSBAND OR WIFE <u>SARA PAYTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>OK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sara Payton</u> ADDRESS <u>Fulton Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Adiposemen</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Primary Source unknown)</u> 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 <u>5-29-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca. mass of lower abd. &amp; liver metastases.</u>	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? <u>1991</u>
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22. I hereby certify that I attended the deceased from 6-22, 1952, to 6-20, 1952, that I last saw the deceased alive on 6-19, 1952, and that death occurred at 6:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Brown MD</u> (Degree or title)	23b. ADDRESS <u>Fulton</u>	23c. DATE SIGNED <u>6-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>JUNE 22/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILL REST</u>	24d. LOCATION (City, town, or county) (State) <u>FULTON MO.</u>
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DATE REC'D BY LOCAL REG. <u>June-21-1952</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u> ADDRESS <u>Fulton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Wm C Stewart  
.....

Licensed Embalmer No. 3222

P. O. Address Fulton 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.