

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

39814

FILED DEC 14 1953

State File No.

BIRTH NO.		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>114</u>			
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>All Life</u>		c. CITY OR TOWN <u>Neosho</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 814 YOUNG ST</u>				e. STREET ADDRESS (If rural, give location) <u>814 YOUNG ST. 07320</u>					
3. NAME OF DECEASED (Type or Print) <u>Andrew</u>		a. (First) <u>Andrew</u>		b. (Middle) <u>R</u>		c. (Last) <u>Payne</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>MARCH 30 1884</u>			
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - CARPENTER</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STRONG CITY KANSAS</u>		9. AGE (In years, last birthday) <u>69</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U. S. F.</u>			
13a. FATHER'S NAME <u>MARTIN L. PAYNE</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Peden</u>		14. NAME OF husband OR WIFE <u>Rebecca</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>227-40-9799</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WALTER PAYNE</u>		ADDRESS <u>Neosho</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LEUKEMIA - CHR MYELOGENOUS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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 <u>2041</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>JUNE</u> , 19 <u>53</u> , to <u>30 NOV</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>29 NOV</u> , 19 <u>53</u> , and that death occurred at <u>10:30 AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. J. Taylor MD</u>				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>4 Dec 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fidelity Cem</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR DIAMOND, MO</u>			
DATE REC'D BY LOCAL REG. <u>12-4-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK BIGHAM</u>		ADDRESS <u>Neosho.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1253-222

Date Filed DEC 11 1953

NEOSHO, MISSOURI

DEC 22 1953

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 _____
Signature of Student Embalmer

Signed James A. Sullivan, Jr.

Licensed Embalmer No. 464

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.