

## STANDARD CERTIFICATE OF DEATH

State File No. ....

2104

FILED FEB 3 1954 BIRTH NO. ... REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 8046 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>California, Mo</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Russellville, Mo Rural</b>		d. STREET ADDRESS (If rural, give location) <b>0260</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Latham Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>			b. (Middle) <b>A. (Alley)</b>		c. (Last) <b>Payne</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 6 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 9 1878</b>		9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 6 HRS. Days <b>29</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri-Cole County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>John D. Payne</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Legg</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Hogg Payne</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-18-6541-A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Raymond Payne- Russellville</b>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Generalized arteriosclerosis</b>		5 years		
			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						
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) <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <b>Dec 26, 1953</b> , to <b>Jan 6, 1954</b> , that I last saw the deceased alive on <b>Jan 5, 1954</b> , and that death occurred at <b>2 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Kenyon Latham M.D.</b> (Degree or title)				23b. ADDRESS <b>California, Mo</b>		23c. DATE SIGNED <b>1-6-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-8-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Caramel</b>		24d. LOCATION (City, town, or county) (State) <b>South of Russellville, Mo</b>			
DATE REC'D BY LOCAL REG. <b>FEB 3 1954</b>	REGISTRAR'S SIGNATURE <b>Clayton A. Snider</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hughes &amp; Schubert Russellville Mo</b>			

(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

*Walter Schubert*

Licensed Embalmer No. *2820*

P. O. Address *Russellville*

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.