

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8747

| | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>285</u> | | PRIMARY REG. DIST. NO. <u>3039</u> | | Registrar's No. <u>28</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>LINN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>LINN</u> | | | | | |
| b. CITY OR TOWN <u>MARCELINE</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u> <u>0581</u> | | d. STREET ADDRESS (If rural, give location) <u>EAST GRACIA STREET</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS H</u> | | | | | | | | | |
| 3. NAME OF DECEASED a. (First) <u>DOCIA</u> | | | b. (Middle) <u>E.</u> | | c. (Last) <u>PAYNE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 22 - 55</u> | | |
| 5. SEX <u>F.</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>16 NOV. 1889</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 mos. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>CHARITON MO</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>JAMES HORTON</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARGARET TITHOW</u> | | | 14. NAME OF HUSBAND OR WIFE <u>BENJAMIN PAYNE</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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS ANNA GOETT - MARCELINE MO</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>Acute myocardial infarction</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> | | | | | | | |
| | | DUE TO (c) <u>arterial dilatation and hypertension</u> | | | | | | | |
| 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 | | | | | | 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) <u>4201</u> | | | | | |
| 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>3-12-55</u> , 19 <u>55</u> , to <u>3-22-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-22-55</u> , 19 <u>55</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Marceline Mo.</u> | | | | 23b. ADDRESS <u>Marceline Mo.</u> | | | | 23c. DATE SIGNED <u>3-24-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-25-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Locke Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>3/24/55</u> | | REGISTRAR'S SIGNATURE <u>M. J. Ridgway</u> | | 401 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joe M. Laughlin - Marceline Mo</u> | | | |

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 *George W. Hammett*

Licensed Embalmer No. *4425*

P. O. Address *Mansfield, Va.*

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.