

FILED AUG 17 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26396  
Registrar's No. 2914

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 41 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		e. STREET ADDRESS 2840 BASED BLVD. 3470	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First)	b. (Middle) ARTHUR	c. (Last) PAYNE	4. DATE OF DEATH (Month) (Day) (Year) July 19, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH Aug. 6, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. 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) SALES MANAGER	10b. KIND OF BUSINESS OR INDUSTRY SWIFT & CO.	11. BIRTHPLACE (City and State or Foreign Country) EMPORIA, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRED J. PAYNE	13b. MOTHER'S MAIDEN NAME SARAH LOUISE LEBLANC	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. 339-09-1355	17. INFORMANT'S SIGNATURE OR NAME M.F.T. PAYNE	ADDRESS 2840 BASED & C. MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 day weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of liver (n.m.a)		
	DUE TO (c) Peptic ulcer myocardial failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163X			

19a. DATE OF OPERATION 6-25-55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver - gastric resection for ulcer	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) 6 25 55 a.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 1 July, 1955, to 10 July, 1955, that I last saw the deceased alive on 9 July, 1955, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE J.B. Willoughby M.D.	(Degree or title) M.D.	23b. ADDRESS R.C. 2nd	23c. DATE SIGNED 11 July 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 12 1955	24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
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DATE REC'D BY LOCAL REG. 7-11-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 Brook Creek & C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD J. B. Willoughby, M.D.

mi 5-7-55-

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 *Richard L. Rogers*

Licensed Embalmer No. 4952

P. O. Address *B. C. P.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.