

FILED JAN 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. 1620

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN
c. LENGTH OF STAY (In this place) MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN
d. STREET ADDRESS (If rural, give location) MAYFLOWER APTS., 602 W. 5TH

3. NAME OF DECEASED a. (First) LAURA b. (Middle) VAIL c. (Last) PAYNE
4. DATE OF DEATH (Month) (Day) (Year) JAN. 10, 1956

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JUNE 8, 1883 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) HENRYVILLE, INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. H. VAIL 13b. MOTHER'S MAIDEN NAME HOPPING 14. NAME OF HUSBAND OR WIFE A. C. PAYNE, DEC'D

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. J. T. JONES, 525 N. SERGEANT AVE

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH 10 years
ANTECEDENT CAUSES DUE TO (b) 4200
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Rheumatic Mitral Regurgitation, Inactive 4 years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 6-18, 1954, to 1-10, 1956, that I last saw the deceased alive on 1/10, 1956, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
James W. Koblun, MD 805 Travis Bldg. Joplin Mo 1-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 1-13-56 24c. NAME OF CEMETERY OR CREMATORY ROSE LAWN CEMETERY 24d. LOCATION (City, town, or county) (State) TERRE HAUTE, INDIANA

DATE REC'D BY LOCAL REG. 1-12-56 REGISTRAR'S SIGNATURE Steve Parker Funeral Home 138 FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

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

FEB 1 1956

RECEIVED JAN 16 1956
Jasper County Health Office
County File Number 5-6-1-443
Date Filed JAN 16 1956

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.