

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12073

State File No.

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Missouri, b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give town) Puxico	c. LENGTH OF STAY (in this place) 20 Yrs	c. CITY OR TOWN Puxico	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 in his home in Puxico		e. STREET ADDRESS (If rural, give location) 1030	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Bradford	c. (Last) Payton	4. DATE OF DEATH (Month) (Day) (Year) 3 7 56
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (City and State or Foreign Country) Franklin Co Mo,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mithel Payton	13b. MOTHER'S MAIDEN NAME Jocie Brown,	14. NAME OF HUSBAND OR WIFE Margaret Payton,
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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)	16. SOCIAL SECURITY NO. 703-03-8265	17. INFORMANT'S SIGNATURE OR NAME Geile Payton Puxico Mo, ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Agitans		
	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	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) 350X
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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?
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22. I hereby certify that I attended the deceased from 1954, 1955-7, 1956, that I last saw the deceased alive on 3-7, 1956 and that death occurred at 4:20 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Williams D.D.	23b. ADDRESS Puxico Mo	23c. DATE SIGNED 3-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-1-56	24c. NAME OF CEMETERY OR CREMATORY Puxico Mo,	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 3/17/56	REGISTRAR'S SIGNATURE Pearl Reed	25. FUNERAL DIRECTOR'S SIGNATURE Watkins and Sons Puxico Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1953

MAY 23 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..... *Marsh Watkins*

Licensed Embalmer No..... *47*

P. O. Address..... *Deplin*

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.