

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39059**

FILED DEC 11 1956

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5978** Registrar's No. **136**

1. PLACE OF DEATH a. COUNTY Polk			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Johnson Twp.		c. LENGTH OF STAY (in this place) 40yrs	c. CITY OR TOWN Humansville		d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile N.W. Humansville			e. STREET ADDRESS (If rural, give location) 0840		

3. NAME OF DECEASED (Type or Print) a. (First) John W b. (Middle) Willis c. (Last) Payne			4. DATE OF DEATH (Month) (Day) (Year) 12-1-56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 12-31-72		9. AGE (In years last birthday) 83 if UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Madison Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Payne		13b. MOTHER'S MAIDEN NAME Mary Barnes		14. NAME OF HUSBAND/OR WIFE -	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Milton Rousseau Humansville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) Cerebral hemorrhage 6-12-56 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of Prostate			INTERVAL BETWEEN ONSET AND DEATH 443XH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)			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 **Sept. 24**, 19**53**, to **June 18**, 19**56**, that I last saw the deceased alive on **June 18**, 19**56**, and that death occurred at **8:20Pm.**, from the causes and on the date stated above.

23a. SIGNATURE M. H. [Signature]		23b. ADDRESS 2432 E. Commercial St., Springfield, Mo. 12/4/56		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-56		24c. NAME OF CEMETERY OR CREMATORY Humansville, Cemetery Humansville, Missouri		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. Dec 7, 1956		REGISTRAR'S SIGNATURE Ralph G. Gardner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beckwith Funeral Home Humansville, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

2580

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... *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Humansville*

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.