

FILED DEC 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40940
State File No.

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4135 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gower</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gower</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Payne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12 1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 25, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Platte Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Mark Payne</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Maddox</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Payne</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-14-4967</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Payne Gower, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease 2 yrs.</u> 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"/>
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>4200</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?
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22. I hereby certify that I attended the deceased from April 15, 1954, to Dec 12, 1956, that I last saw the deceased alive on Dec 11, 1956, and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anna E. Galloway D.O.</u>	23b. ADDRESS <u>Gower, Mo.</u>	23c. DATE SIGNED <u>12/13/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/14/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Gower Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Dec 14, 56</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Searce</u>	25. UNEMERGED DIRECTOR'S SIGNATURE <u>John H. Murray</u>	ADDRESS <u>Gower Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

44!

NO. 7. 31 1935

NO. 7. 31 1935

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray
Licensed Embalmer No. 2893

P. O. Address Gower 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.