

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

41595  
STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 301 Primary Registration District No. 4482 Registrar's No. 2452

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan Township.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Doniphan Route 5.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 Mi. N. of Doniphan, Mo.</u>		Length of stay in 1b <u>34 years.</u>	d. STREET ADDRESS (If outside, give location) <u>4 Mi. N. of Doniphan, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Earl</u> Last <u>Payne.</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>7.</u> Year <u>1957.</u>			
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 17, 1887.</u>	9. AGE (In years last birthday) <u>70.</u>	10. FUNDER YEAR Months <u>7</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	11. BIRTHPLACE (City and state or country) <u>Ripley County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Lewis Payne.</u>		13b. MOTHER'S MAIDEN NAME <u>Teresa Payne.</u>		14. NAME OF HUSBAND OR WIFE <u>Lizzie Payne.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT Address <u>Lizzie Payne, Doniphan, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): <u>Residual of previous cerebral insult.</u>						
DUE TO (c): <u>Atherosclerosis.</u>					331X	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>7/29/57</u> to <u>11-3-57</u> and last saw <sup>her</sup> him alive on <u>11-3-57</u> Death occurred at <u>11-7-57</u> <u>6:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>William B. Barnister, D.O.</u>			22b. ADDRESS <u>Doniphan, Mo.</u>		22c. DATE SIGNED <u>Nov 7, '57.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Nov. 8, 1957.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery.</u>		23d. LOCATION (City, town, or county). (State) <u>Ripley County, Missouri.</u>		
24. FUNERAL DIRECTOR <u>Ray Meamer, Doniphan, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-9-1957</u>	26. REGISTRAR'S SIGNATURE <u>W. B. Barnister</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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**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. This body was not embalmed.

Student .....  
Signature of Student Embalmer

Signed *Ray Meant* .....

Licensed Embalmer No. *3743* .....

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