

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009304
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>COLE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>VERSAILLES</u> <u>0710</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARY'S HOSPITAL</u>		Length of stay in 1b <u>5 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>N. MOHADE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>William W.M. CHARLES PAYNE</u>			4. DATE OF DEATH Month <u>MAR</u> Day <u>24</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 15, 1870</u>		9. AGE (In years, months, days, hours, min.) <u>88 YRS.</u>
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		11. BIRTHPLACE (City and state or country) <u>VERSAILLES, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>NO RECORD</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>		14. NAME OF HUSBAND OR WIFE <u>NO RECORD</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>UNKNOWN</u>		17. INFORMANT Address <u>CHESTER PAYNE DESOTA, 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>Quricular Fibrillation, with Cardiac Arrhythmia</u> DUE TO (b) <u>Fracture humerus, left, due to fall in home</u> DUE TO (c) <u>9040</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Fell in bathroom in home on left shoulder</u>		20c. TIME OF INJURY Hour <u>11:00</u> a.m. Month <u>3</u> Day <u>19</u> Year <u>1958</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Versailles Morgan MO</u>	
21. I attended the deceased from <u>3-20-58</u> to <u>3-24-58</u> and last saw him alive on <u>3-24-58</u> Death occurred at <u>7:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Rendall C. Clark, M.D.</u>			22b. ADDRESS <u>Jefferson City, MO</u>		22c. DATE SIGNED <u>3-25-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>26 MAR. 58</u>	23c. NAME OF CEMETERY OR CREMATOR <u>VERSAILLES CEM.</u>		23d. LOCATION (City, town or county) (State) <u>VERSAILLES, MO.</u>
24. FUNERAL DIRECTOR <u>W.F. KIDWELL</u>		ADDRESS <u>VERSAILLES MO. 24</u>		25. DATE RECD. BY LOCAL REG. <u>March 1958</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD MR.</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, or All diseases in Part I must be causally related.

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 *Raymond C. Fisher*

Licensed Embalmer No. *4626*

P. O. Address *Winnalby me*

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.