

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027320

STATE FILE NUMBER

6604

FILED JUL 18 1958		Registration District No. 318		Primary Registration District No. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY City #1				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			Length of stay in lb 1	d. STREET ADDRESS (If outside, give location) 1215 A Armstrong		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Richard Payne (Paine)				4. DATE OF DEATH Month Day Year June 27, 1958			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4/18/37	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months Day 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Joiner, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert Williams		13b. MOTHER'S MAIDEN NAME Katie Mae Desk		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 2/18/-6/2/54		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Katie Mae Easterwood 1215 Armstrong			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage Penetrating wound of the Abdomen. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when rocket (fireworks) exploded in vicinity of 1532 South 302 deceased about 3:02 p.m. June 27 1958 in vicinity of 1532 South 302 275 Street						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. (State nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year 302 p.m. 6 27 58		20d. INJURY OCCURRED WHILE AT WORK <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.) 275 Street		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo E916.5	
21. I attended the deceased from 1020 P and last saw her alive on 40 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Deceased or wife) James M Kelly Captain 1300 Clark			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/3/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.		
24. FUNERAL DIRECTOR E. B. Roome 1221 N. Grand				25. DATE RECD. BY LOCAL REG. OFF. REGISTRAR'S SIGNATURE Jul 1 '58		22c. DATE SIGNED 7-1-58	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

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 *Melvin Blackhurst* .....  
Licensed Embalmer No. *3967* .....

P. O. Address *1221 N. 9th* .....

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.