

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028731

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 115-106

Primary Registration District No. 3020

Registrar's No. 2334

b.2  
300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Warren</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Warrenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		Length of stay in 1b <b>6 days</b>	d. STREET ADDRESS (If outside, give location) <b>1004 E. Highway 40</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Tracy</b> Middle <b>Payne</b> Last <b>Payne</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>4</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 21 1901</b>		9. AGE (in years) <b>57</b> 10th birthday
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>service station</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>owner</b>		11. BIRTHPLACE (City and state or country) <b>Mokane, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Payne</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kouns</b>	
14. NAME OF HUSBAND OR WIFE <b>Jean Licata</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>4200</b>	
17. INFORMANT <b>Jean Payne Warrenton, Missouri</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis Recurrent</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Intercoronary Artery Disease</b> DUE TO (c) <b>Longtime Artery from secondary to above 3 by Pulmonary Fibrosis Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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 <b>Warrenton, Mo</b>		20g. COUNTY <b>Warren</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from Death occurred at <b>8:30 P.M.</b> on <b>9-30-58</b> to <b>9-4-58</b> and last saw him alive on <b>9-4-58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Harold J. Schrader</b> (Degree or title)		22b. ADDRESS <b>Warrenton, Mo</b>	
22c. DATE SIGNED <b>9-5-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-7-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		23d. LOCATION (City, town, or county) <b>Pond Missouri</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Schrader Funeral Home Ballwin Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9/5/58</b>		26. REGISTRAR'S SIGNATURE <b>H. J. Schrader</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

SEP 12 1958

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 *Richard M. Bupp* .....

Licensed Embalmer No. *4584* .....

P. O. Address *Ballwin, 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.