

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002472
STATE FILE NUMBER

FILED JAN 15 1958 Registration District No. 290 Primary Registration District No. Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wayneville		c. CITY OR TOWN Hancock	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 5 hours	
3. NAME OF DECEASED (Type or print) First Walter Middle David Last Payne		4. DATE OF DEATH Month 1 Day 3 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/20/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Crocker, Missouri
13a. FATHER'S NAME David Payne		13b. MOTHER'S MAIDEN NAME Elizabeth Carmack	14. NAME OF HUSBAND OR WIFE Rebecca Payne
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Walter Payne, Hancock, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Hours 21
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compression Fracture Left Hip			
DUE TO (c) Shock Cardiac decompensation			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Fell and fractured Left Hip	
20c. TIME OF INJURY Hour 6 Month, Day, Year 1-3-58			
20d. INJURY OCCURRED WHILE AT <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.) Home	
20f. CITY, TOWN, OR LOCATION 085 COUNTY Hancock, Mo. STATE			
21. I attended the deceased from Jan. 2, 1959 to Jan. 3, 1959 and last saw him ^{her} alive on January, 1959 Death occurred at 6:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. R. W. Meegan, D.O.		22b. ADDRESS Dix, Missouri	22c. DATE SIGNED 1-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/6/1959	23c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	23d. LOCATION (City, town, or county) (State) Crocker, Missouri
24. FUNERAL DIRECTOR ADDRESS Gilbert Funeral Home, Inc., Dixon, Mo.		25. DATE RECD. BY LOCAL REG. 1-6-59	26. REGISTRAR'S SIGNATURE <i>Pauline Anderson</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300 0

1-57

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

DEPARTMENT OF HEALTH
 MISSOURI
 STATE BOARD OF HEALTH
 DIVISION OF PUBLIC HEALTH
 ST. LOUIS, MISSOURI
 1956

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 *Maurice E. Schierbaum*

Licensed Embalmer No. *45015*
 P. O. Address *Dixon, Missouri*

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.