

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-038751

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 532

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jasper		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Jonlin		a. STATE Missouri b. COUNTY Newton		c. CITY OR TOWN Neosho	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If outside, give location) 2 mile North Neosho			
3. NAME OF DECEASED (Type or print) First Middle Last Joseph F. Payne				4. DATE OF DEATH Month Day Year Nov. 7, 1960			
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 6-2-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Wauzeka, Wisconsin		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Payne			13b. MOTHER'S MAIDEN NAME May Faust		14. NAME OF HUSBAND OR WIFE Alma Z. Payne		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO		16. SOCIAL SECURITY NO. 557-18-4630		17. INFORMANT Address Alma Z. Payne Rt. 1 Neosho, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a), <u>Post operative shock</u>							<u>4 days</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <u>Cholecystectomy, Cholelithiasis, Jaundice</u>							<u>6 days</u>
DUE TO (c) <u>Acute obstruction common bile duct with gall stones</u>							<u>9 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus, arteriosclerosis, old Cerebral Thrombosis</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Feb 1959</u> to <u>7 Nov 1960</u> and last saw him alive on <u>7 Nov 1960</u> Death occurred at <u>St John's Hospital</u> <u>11:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Paul B Anderson</u> (Degree or title) MD.				22b. ADDRESS <u>Neosho, Missouri</u>		22c. DATE SIGNED <u>8 Nov 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>11-12-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence O'Toole Cem. Mt. Hope, Wisconsin</u>		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home Neosho, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-9-1960</u>		26. REGISTRAR'S SIGNATURE <u>Archie Merriam</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. W.
Neosho 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.