

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002352

FILED VS JAN 26 1961

STATE FILE NUMBER

AMENDED

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Missouri b. COUNTY New Madrid							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morehouse		Length of stay in 1b 35 yrs		c. CITY OR TOWN Morehouse		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Frances Sarah Payne				4. DATE OF DEATH Month Day Year January 10, 1961							
5. SEX female		6. COLOR OR RACE cauc.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/30/1895		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY married.		11. BIRTHPLACE (City and state or country) Henleytown, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.				
13a. FATHER'S NAME Louis Griffin				13b. MOTHER'S MAIDEN NAME Lydia Rush				14. NAME OF HUSBAND OR WIFE Alonzo E. 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. none		17. INFORMANT Address Alonzo Payne, Morehouse, 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) Diabetes Mellitus										INTERVAL BETWEEN ONSET AND DEATH 0 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		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 Feb. 27, 1960 to Jan 9, 1961 and last saw ^{her} _{him} alive on Jan. 9, 1961 Death occurred at 9:45 am on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <i>Dr. Harold A. Poe M.D.</i>						22b. ADDRESS Dexter, Missouri			22c. DATE SIGNED 1/11/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-13-61		23c. NAME OF CEMETERY OR CREMATORY Parma City Cemetery			23d. LOCATION (City, town, or county) (State) Parma, Missouri				
24. FUNERAL DIRECTOR Watkins & Sons Morehouse, Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-16-61		26. REGISTRAR'S SIGNATURE <i>Mathew L. McBain</i>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl Metalkin

Licensed Embalmer No. 4964

P. O. Address Deer 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.