MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-031765
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 215

FILED SEP 27 1961

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico, Mo
Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Audrain County Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Montgomery
c. CITY OR TOWN: New Florence, Mo
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Robert Middle: Ernest Last: Payne
4. DATE OF DEATH: Month 9 Day 17 Year 1961
5. SEX: M
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-30-1877
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months 9 Days 17 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Hams Prairie Mo
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: James A Payne
13b. MOTHER'S MAIDEN NAME: Robert Payne
14. NAME OF HUSBAND OR WIFE: Mrs Stella Payne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Address: Mr Harold Payne New Florence, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis — 3 weeks
DUE TO (c): generalized arteriosclerosis — several years.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 9-14-61, to 9-17-61 and last saw him alive on 9-17-61
Death occurred at 8-A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren D Lawyard MD
22b. ADDRESS: Mexico Mo
22c. DATE SIGNED: 9-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-19-1961
23c. NAME OF CEMETERY OR CREMATORY: New Florence Cemetery
23d. LOCATION (City, town, or county) (State): New Florence, Mo
24. FUNERAL DIRECTOR ADDRESS: D B Baker New Florence, Mo
25. DATE RECD. BY LOCAL REG.: Sept 18-1961
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.