

FILED MAR 12 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

69-008061

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68Registration District No. 242 Primary Registration District No. 4364 Registrar's No. 21

9. 0
10a. 83
10b. 5. 01
11. 0
12. 1
13. 97960
14. 6
15. 4
16. 6.8600
17.
18. 2
19. CREDITS
20. 1-0

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. JOHN		JAMES		PAYTON				2. MALE	3. FEB. 21, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. WHITE		5a. 83		5b.		5c.		6. 2/19/1886		7a. NEWTON
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. STELLA		7c. YES		7d. CARDWELL MEMORIAL						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Mo.		9. U.S.A.		10. MARRIED		11. DOVEY (MDN. NAME UNK.)				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
12. 557-12-1590		13a. FARMER		13b. FARMING						
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER		
14a. Mo.		14b. McDONALD		14c. NOEL		14d. YES		14e. 213 HARMONY ST.		
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. ISIAH		PAYTON		MANDY		MAYFIELD				
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
17a. Mrs. Dovey Fromm		17b. ADRIAN, MICH.								
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE										
(a) Shock		DUE TO, OR AS A CONSEQUENCE OF								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Toxemia								
		(c) Ruptured Viscus								
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
		19a. No		19b.						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.		20c.		M. 20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)						
20e.		20f.		20g.						
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM		Feb. 8, 1969		TO Feb. 21, 1969		21b. Feb. 21, 1969		21d. Did		21c. 11:10a
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD						
22a.		M. 22b.		M. 22c.						
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. S. D. Mountain, D. O.		23b.		3-7-69						
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
23d.		Noel, Missouri		64854						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION (CITY OR TOWN STATE)						
24a. BURIAL		24b. UNION CEMETERY		24c. McDONALD Co., Mo.						
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
24d. 2/23/69		25c. OZARK FUNERAL HOME ~ NOEL, Mo.								
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
25b. Douglas S. Wooney		26a. Muelled Moberly		26b. 3-8-69						

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

MAR 2 1 1968

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 Douglas E. Mooney

Licensed Embalmer No. 5199
P. O. Address ANDERSON, 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.