S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39084

FILED NOV 28 1947

Registration District No. 234 Primary Registration District No. 6289 Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

75
0
0

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Couch Oak Grove Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Couch 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Susan E. B. Cotton

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wesley Rowden 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 2 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	3	27	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Josiah Payne
13. Birthplace (City, town, or county) Tennessee (State or foreign country) /

MOTHER
14. Maiden name Susan Beal
15. Birthplace (City, town, or county) Tennessee (State or foreign country) /

16. (a) Informant Mrs. Mittie Jenkins
(b) Address Couch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cem.

18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.

19. (a) Nov 24, 1947 (Date received local registrar) (b) Edith Crass (Registrar's signature) 217

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1947 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 7, 1947, to Aug 14, 1947
that I last saw her alive on Aug 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute heart failure	Aug 29 1947
Due to Myocardial degeneration	—
Due to General debility and old age	—
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 9.375	
Of autopsy —	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Mitchell B Laine (M. D. ~~or other~~)

Address Mammoth Spring Date signed 10-28-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Officer No. 5,
District File No. 1147691
Date Filed 11-26-47

NOV 29 1947

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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 this body is not embalmed, fact should be so stated above.