

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1544

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 23

49
3

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Jasper</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jasper</u>
c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1041 James St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NELLIE</u>	b. (Middle) <u>PAYNE</u>	c. (Last) <u>PAYNE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1949</u>
--	-----------------------------	-----------------------------	---------------------------	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 30, 1886</u>	9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------------------	---	---	---	--	---	--	---	---

13a. FATHER'S NAME <u>Thomas W. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Zerilda Bolin</u>	14. NAME OF HUSBAND OR WIFE <u>Edward E. Payne</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. E. Payne, 1041 James St. Carthage Mo</u>
--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis of abdomen</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Origin indeterminate</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1994</u>			

19a. DATE OF OPERATION <u>10-26-48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Generalized carcinomatosis of abdomen</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Mo</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	-----------------------------------

22. I hereby certify that I attended the deceased from 10-21, 19 44, to 1-29-49, 19 49, that I last saw the deceased alive on 1-29-49, 19 49, and that death occurred at 5:10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Knell Smith</u>	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>1-29-49</u>
--	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Jan 31-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arkansas City, Kansas</u>
--	--	--	--

DATE REC'D BY LOCAL REG. <u>1-31-49</u>	REGISTRAR'S SIGNATURE <u>L. B. Clifton, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>	ADDRESS <u>Carthage, Mo.</u>
---	--	--	--

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.

Signed Frank W. Knell

Signed
Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage

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.