

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4586**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>136</b>			
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>4 Days</b>		c. CITY OR TOWN <b>Rural Wilson</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Springfield Rt. 8</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hettie</b>			b. (Middle) <b>Ethel</b>		c. (Last) <b>Payne</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 11 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-2-1903</b>		9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Christian County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>W. A. Meese</b>			13b. MOTHER'S MAIDEN NAME <b>Telly Seals</b>		14. NAME OF HUSBAND* OR WIFE <b>Clay Payne</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clay Payne</b> ADDRESS <b>Springfield Mo. Rt. 8</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Right Lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Surgical Shock.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>2-11-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Right Lung - Abscess lower Rt. lobe.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>Jan 15</b> , 1949, to <b>Feb 11</b> , 1949, that I last saw the deceased alive on <b>Feb 11</b> , 1949, and that death occurred at <b>3 P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Kenneth F. Ellis M.D.</b>				23b. ADDRESS <b>Mrs. A. Bldg.</b>		23c. DATE SIGNED <b>2-12-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-13-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Patterson</b>		24d. LOCATION (City, town, or county) (State) <b>Greene County Missouri</b>				
DATE REC'D BY LOCAL REG. <b>2-15-49</b>		REGISTRAR'S SIGNATURE <b>W. E. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Harris</b>		ADDRESS <b>Clever, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 .....  
Student Embalmer

Signed

*John Dean Harris*

Licensed Embalmer No.

4390

P. O. Address

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