

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8565

FILED APR 6 1949

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1212	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3001 Brooklyn Avenue				d. STREET ADDRESS (If rural, give location) 3001 Brooklyn Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar		b. (Middle) Harold		c. (Last) PAYNE		4. DATE OF DEATH (Month) (Day) (Year) Mar. 14, 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 8-8-1900		9. AGE (in years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Burlington RR		11. BIRTHPLACE (State or foreign country) Oregon, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James W. Payne		13b. MOTHER'S MAIDEN NAME Mary E. Upshaw		14. NAME OF HUSBAND OR WIFE Clela Payne			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW-II 707-05-7991		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clela Payne, 3001 Brooklyn, K.C., Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Coronary Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH Hour 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NO WHILE WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 20, 1948 to Mar. 14, 1949, that I last saw the deceased alive on Mar. 8, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Edw. H. Hashinger (Degree or title)				23b. ADDRESS 1500 Professional Bldg.		23c. DATE SIGNED 3/15/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-16-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. H. Heringer
Prof. Bldg. J
after 1st Term, MAY 13 1941

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 Max H. Kirkendall

Licensed Embalmer No. 4632

P. O. Address A. C., 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.