

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8794

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jaaper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage	c. LENGTH OF STAY (in this place) 49 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 S. Orner St.		d. STREET ADDRESS (If rural, give location) 410 S. Orner St.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIS b. (Middle) THOMAS c. (Last) PAYNE			4. DATE OF DEATH (Month) (Day) (Year) March 1, 1949		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 6, 1871		9. AGE (In years last birthday) 77		F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 1 YEAR Hours	F UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired quarryman		10b. KIND OF BUSINESS OR INDUSTRY Carthage Marble Co.		11. BIRTHPLACE (State or foreign country) Cass County, Missouri		12. CITIZEN OF WHAT COUNTRY? A.	
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13a. FATHER'S NAME James Payne		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Rebecca F. Payne	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 497-14-8439	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Albert Hensley, 410 Orner, Carthage			
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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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH About 12 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and Arteriosclerosis DUE TO (c) Arteriosclerotic Heart Disease			12 days Unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary Retention due to Prostate			Unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42 ribs		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)		
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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?		
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22. I hereby certify that I attended the deceased from 3-3, 1948, to 3-1, 1949, that I last saw the deceased alive on 2-24, 1949, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Clinton, M.D.</u> (Degree or title)		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 3-2-49	
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24a. BURIAL CREMATION REMOVAL (Specify) burial	24b. DATE Mar 3, 1949	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri		
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DATE REC'D BY LOCAL REG. <u>Mar 3-49</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo		
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Per. n. of Registrar of Licensed Embalmers' Statement on Reverse Side)

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

49
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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.

Signed Frank W. Kuehl

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.