

FILED FEB 16 1950

# STANDARD CERTIFICATE OF DEATH

State File No. **5246**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **221**

7534

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

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lebanon</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Richland 0850</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grundy Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Celvia</b> b. (Middle) <b>Judson</b> c. (Last) <b>Payne</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 26 50</b>		
---	--	--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 3, 1860</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
-------------------------	----------------------------------	--	--	--	--	---

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Brunley D</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
--	--	---	--

13a. FATHER'S NAME <b>William Hawkins</b>	13b. MOTHER'S MAIDEN NAME <b>Katherin McCubbin</b>	14. NAME OF HUSBAND OR WIFE <b>George W. Payne</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <b>W. C. Payne Richland Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>794X</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
--	--	---

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 **Jan 13, 1950**, to **Jan 26, 1950**, that I last saw the deceased alive on **Jan 26, 1950**, and that death occurred at **12:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Finley H. Johnson MD</b> (Degree or title)	23b. ADDRESS <b>Lebanon Mo</b>	23c. DATE SIGNED <b>1-31-50</b>
---	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Jan 11/19/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Caklawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Richland Mo</b>
---	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>2-1-1950</b>	REGISTRAR'S SIGNATURE <b>Wella L. Gray</b>	424	5. SUNDAY DIRECTOR'S SIGNATURE <b>W. C. Payne</b>	ADDRESS <b>Richland</b>
---	---	-----	--	----------------------------

Received FEB 7 1950  
Laclede County Health Unit.  
File No. 2-50-24  
Date Filed FEB 15 1950

**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 \_\_\_\_\_

Emell Craig Student Embalmer No. 329  
working under my personal supervision.

Student Emell Craig  
Student Embalmer

Signed R. B. [Signature]  
Licensed Embalmer No. 3198  
P. O. Address Pickland

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.