

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED MAY 12 1950**

State File No. **12756**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>	
c. LENGTH OF STAY (In this place) <b>5 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>306 E. Davis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>306 E. Davis</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>--</b> c. (Last) <b>Payne</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 4, 1950</b>			
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Dec. 23, 1854</b>	9. AGE (In years) (Month) (Day) <b>95 4 11</b>	IF UNDER 1 YEAR <b>11</b>	IF UNDER 24 HRS. <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Labor</b>		11. BIRTHPLACE (State or foreign country) <b>Howard Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thornton Payne</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie Rucker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Margaret Smith Fayette, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema of both lower extremities</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  <u>Unknown</u>  <u>4501</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 April 28, 1950, to May 4, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Francis J. Dean M.D. Fayette, Mo</i>		23b. ADDRESS		23c. DATE SIGNED <b>5-4-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/8/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fayette City Cemetery Fayette, Mo</b>	
24d. LOCATION (City, town, or county) (State) <b>Fayette, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Dalton A. Carr</i>		ADDRESS <b>Fayette, Mo</b>	
DATE REC'D BY LOCAL REG. <b>5-6-50</b>		REGISTRAR'S SIGNATURE <i>Mary K. Shell</i>			

No. 300  
10.48  
45  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 9

District Health Officer No. 8,

District File Number.....

Date Filed 5/11/50

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, ~~only~~

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Ralph A. Carr*

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.