

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13748

State File No. ....

BIRTH NO. .... REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. ....

610  
3

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

1. PLACE OF DEATH a. COUNTY <u>Macon Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>			
b. CITY OR TOWN <u>Rocky Mtn</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Mendon</u>		0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Kirkeville Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED a. (First) <u>Sarita Sue Payne</u> (Type or Print)			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18/50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 30/1947</u>		9. AGE (In years last birthday) <u>2</u> 10 <u>10</u> 18 <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Purdin Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Dr William H Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Helen Seals</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr William H Payne Mendon Mo.</u>			
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) <u>Terminal pneumonia (broncho)</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aplastic anemia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2924</u>			
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 <u>March 26, 1950</u> , to <u>April 16, 1950</u> , that I last saw the deceased alive on <u>April 16, 1950</u> , and that death occurred at <u>11:50 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>William C. Kelly, D.D.</u>			23b. ADDRESS <u>Kirkeville, Missouri</u>		23c. DATE SIGNED <u>April 19, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mendon</u>		24d. LOCATION (City, town, or county) (State) <u>Mendon</u>		
DATE REC'D BY LOCAL REG. <u>April 21-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs O B Griffin</u> 186		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. S. Keipand Mendon Mo.</u>		

RECEIVED 4/27/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 4/50/89  
Date Filed 4/29/50

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, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*A. L. Leiper*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3970

P. O. Address *Mendon Me*

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.