

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

20395

State File No. ....

2609

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>SOUTH DAKOTA</u> b. COUNTY <u>HUGHES</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>PIERRE</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>3-DAYS</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>0 Y</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>ST. LUCAS HOSPITAL</u>                               |  |   |  |

|  |                                  |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>BLANCHE</u> b. (Middle) <u>M.</u> c. (Last) <u>PAYNE</u> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>JUNE 12 1950</u> |  |  |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u> | 8. DATE OF BIRTH<br><u>JUNE 3 1882</u>                          | 9. AGE (In years last birthday)<br><u>68 YEARS</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>AT HOME</u> |
| 10a. USUAL OCCUPATION  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>--</u>                           | 11. BIRTHPLACE (State or foreign country)<br><u>WISCONSIN</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>JOHN E. MALLERY</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>NANCY SHONE</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>BYRON S. PAYNE</u>       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>          |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. O.C. WALZ</u> |  |
|   |  |   |  | ADDRESS<br><u>LAWRENCE KANSAS</u>                          |  |

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>15 1/4</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized peritonitis</u>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Perforation of bowel</u><br>DUE TO (c) <u>Carcinoma of stomach</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Metastases to liver + spleen</u>   |   |  |   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                               |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" 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) (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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:25A m., from the causes and on the date stated above.

|  |  |  |  |                                    |  |
|--|--|--|--|------------------------------------|--|
| 23a. SIGNATURE OF <u>C. Coleman</u> (Degree or title)<br><u>F.C. Coleman, M.D. Pathologist</u> |  | 23b. ADDRESS<br><u>4922 Ball St. KC Mo</u> |  | 23c. DATE SIGNED<br><u>6-12-50</u> |  |
|--|--|--|--|------------------------------------|--|

|   |  |                                  |  |  |  |   |  |
|---|--|----------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u> |  | 24b. DATE<br><u>JUNE 12 1950</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>---</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>PIERRE SOUTH DAKOTA</u> |  |
|---|--|----------------------------------|--|--|--|---|--|

|  |  |   |  |  |  |                                     |  |
|--|--|---|--|--|--|-------------------------------------|--|
| DATE REC'D BY LOCAL REG.<br><u>6-12-50</u> |  | REGISTRAR'S SIGNATURE<br><u>Sheraldine Holmes</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>O.V. Newcomer</u> |  | ADDRESS<br><u>1331. BRUSH CREEK</u> |  |
|--|--|---|--|--|--|-------------------------------------|--|

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

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 Edward M. Storey

Signed.....  
Student Embalmer

Licensed Embalmer No. 44520

P. O. Address K, C, 4 Mco

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.