

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34024

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 56-50 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>VERONA R-2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS <u>VERONA RT # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MILE NORTH VERONA MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANITA JEWELL</u> b. (Middle) <u>PAYNE</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13, 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>SEPT 19-1949</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months _____ IF UNDER 4 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? (U.S.A.) <u>LAWRENCE</u>

13a. FATHER'S NAME <u>Edwood PAYNE</u>		13b. MOTHER'S MAIDEN NAME <u>GRABER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edwood PAYNE</u> ADDRESS <u>VERONA 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrophobus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>life</u>
	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. <u>Malnutrition</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) _____		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 9/19, 1949, to 10/13, 1950, that I last saw the deceased alive on 10/12, 1950, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. G. Graves M.D.</u> (Degree or title)		23b. ADDRESS <u>MT. Vernon, MO</u>		23c. DATE SIGNED <u>10/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEE CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>VERONA MO</u>		DATE REC'D BY LOCAL REG. <u>10-16-50</u>		REGISTRAR'S SIGNATURE <u>Don McNeill</u> ADDRESS _____	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank L. ...</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

10-16-50 0550

OCT 18 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 _____

Body was not Embalmed!

working under my personal supervision.

Student Embalmer No.

Signed _____

Gene A. Parrent

Signed.....
Student Embalmer

Licensed Embalmer No. *4809*

P. O. Address *Aurora, 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.