

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 916

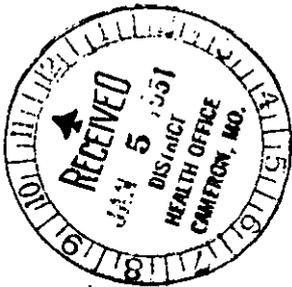
FILED JAN 6 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3027 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>5 mi W. of Trenton</u>		c. LENGTH OF STAY (In this place) <u>on highway</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Melborn</u>		0410
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 6 West of Trenton</u>			d. STREET ADDRESS (If rural, give location) <u>Rural</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Buell</u>		b. (Middle) <u>RAY</u>	c. (Last) <u>PAYNE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 1 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>July 18 1924</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Educational</u>		11. BIRTHPLACE (State or foreign country) <u>Davies County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>JAMES I PAYNE</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha MAY Scott</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-28-1237</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James J. Payne (Father) Rock Falls, Ill.</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injured Spinal cord</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brown - neck</u> DUE TO (c) <u>Fractured Skull</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Contusions.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Jan 1 1951</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1240
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident Highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Madison Township Grundy Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 1 1951 2:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident - Run</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1-1-</u> , 19 <u>51</u> , to <u>as a coroner</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. J. Johnson M.D.</u>			23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>1-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 3 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Melborn (HARRISON Co.) Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-2-51</u>	REGISTRAR'S SIGNATURE <u>Gene J. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackman</u>	ADDRESS <u>Trenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



FEB 11 1951

MAR 14 1951

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.

Signed.....  
Student Embalmer

Signed J. Gordon Blackman  
Student Embalmer No.....

Licensed Embalmer No. 4602

P. O. Address Trouton, 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.