

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23321

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 244	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>8 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vaile Sanitarium</b>				d. STREET ADDRESS (If rural, give location) <b>1500 North Liberty</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Mary</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Payne</b>	
4. DATE OF DEATH		(Month) <b>July</b>		(Day) <b>6</b>		(Year) <b>1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 2, 1856</b>	
9. AGE (In years last birthday) <b>95</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>4</b>		IF UNDER 24 HRS. Hours <b>4</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>John B. Selders</b>			13b. MOTHER'S MAIDEN NAME <b>Ruggles</b>			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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>L.E. Selders, 649 W. 67 Terrace</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>				<b>years</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>				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) (Minute)		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 <b>April 2, 1949</b> , to <b>July 6, 1951</b> , that I last saw the deceased alive on <b>June 14, 1951</b> , and that death occurred at <b>11:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W.H. Huberman</b>				23b. ADDRESS <b>W.D. Vaile Sanitarium, Independence, Mo.</b>		23c. DATE SIGNED <b>7/7/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>July 9, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Delphos Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Delphos Kansas</b>	
DATE REC'D BY LOCAL REG. <b>July 8-1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Roland R. Speaks Indep., mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 RECD

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

Student Embalmer No.....  
Signed *Roland R. [Signature]*  
Licensed Embalmer No. 3604.....

P. O. Address Independence, Missouri

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.