

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26668

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Grundy 0402		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) TRENTON 0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION FERPERSON Nursing Home		d. STREET ADDRESS Playa Hotel 0	

3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) E c. (Last) Payne			4. DATE OF DEATH (Month) (Day) (Year) August 1, 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) a	8. DATE OF BIRTH Sept 27 th 1862	9. AGE (In years) UNDER 1 YEAR IF UNDER 1 HRS. last birthday Months Days Hours Mins. 88 10 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) CORACTION Co Ohio	
13a. FATHER'S NAME Benton M ^c Neal		13b. MOTHER'S MAIDEN NAME Marion Nealand		14. NAME OF HUSBAND OR WIFE Hamm V. Payne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Fred Payne Trenton Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 6 200

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) 331X	
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 Aug 7, 1951, to Aug 1, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 12:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D. (Degree or title)

23b. ADDRESS Trenton Mo.

23c. DATE SIGNED Aug 20

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-3-51		24c. NAME OF CEMETERY OR CREMATORY Sun Coast Mo		24d. LOCATION (City, town, or county) (State) Sun Coast Mo	
DATE RECD BY LOCAL REG. 8/3/51		REGISTRAR'S SIGNATURE Gene Jan '51		25. FUNERAL DIRECTOR'S SIGNATURE Nanis-Blumhans		ADDRESS Trenton Mo.	

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

J. Gordon Blackmon

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address 2 Benton, 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.