

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. R. Knabb
State File No. 30040
777

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5466		Registrar's No. 777	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY OR TOWN Rural Campbell Twshp		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY OR TOWN Rural Campbell Twshp.		0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 7 Spfld, Mo.				d. STREET ADDRESS Route # 7 Spfld, Mo.			
3. NAME OF DECEASED (Type or Print) Jeff Payne			a. (First) Jeff			b. (Middle)	
			c. (Last) Payne			4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 10 1896	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) Bristol Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Payne			13b. MOTHER'S MAIDEN NAME Mary (Unknown)			14. NAME OF HUSBAND OR WIFE Pearl 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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Payne Rt # 7 Spfld, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive arteriosclerotic cardio-vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) vascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Insanition				INTERVAL BETWEEN ONSET AND DEATH seen patient approx. 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X				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) (Min.)		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 1950, to 9 Sept 1951 , that I last saw the deceased alive on 9 Sept, 1951 , and that death occurred at 8 am. , from the causes and on the date stated above.							
23a. SIGNATURE Skuy R Knabb, Jr.				23b. ADDRESS 1630 N. Jefferson Ave		23c. DATE SIGNED 10 Sept 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/51		24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 9-11-51		REGISTRAR'S SIGNATURE W E Clendley			25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		
					ADDRESS Springfield, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1932

STATE OF MISSOURI

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter E. Hamilla

Licensed Embalmer No. 3808

P. O. Address Springfield 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.