

FILED NOV 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34432

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN New Madrid
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN New Madrid 0771
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) Tilda b. (Middle) _____ c. (Last) PAYNES
4. DATE OF DEATH (Month) (Day) (Year) Oct-13-51

5. SEX FEMALE 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 4 Nov 1953 9. AGE (In years last birthday) 98 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) New Madrid, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W.M.K. 13b. MOTHER'S MAIDEN NAME W.M.K. 14. NAME OF HUSBAND OR WIFE Jack Paynes

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. No. 17. INFORMANT'S SIGNATURE OR NAME Sam Young - New Madrid, Mo. ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical attendant
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) by all record death
DUE TO (c) was due to Scirrhosity
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 794X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE Dr. H. H. H. H. H. (Degree or title) Coroner 22b. ADDRESS New Madrid, Mo. 22c. DATE SIGNED 10/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 15 1951 24c. NAME OF CEMETERY OR CREMATORY St. Anne's 24d. LOCATION (City, town, or county) (State) New Madrid, Mo.

DATE REC'D BY LOCAL REG. 10-25-51 REGISTRAR'S SIGNATURE Helene Louie Jones 25. FUNERAL DIRECTOR'S SIGNATURE Richard's Mort Co ADDRESS New Madrid, Mo.

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

Handwritten notes in the top left corner.

RECEIVED

OCT 31 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 _____

Tommy L. Doherty

Student Embalmer No. 424

working under my personal supervision.

Student *Tommy L. Doherty*
Student Embalmer

Signed *L. Hedy Smith*

Licensed Embalmer No. 3803

P. O. Address *New Madrid, 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.