No. 300
10.48

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11969

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5080 Registrar's No. 58

070
1

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

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Deer Creek Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Deer Creek Twp. 0070
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELVIA
b. (Middle): EDITH
c. (Last): PAYNE

4. DATE OF DEATH (Month) (Day) (Year): Apr 12-1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 24-1870
9. AGE (In years last birthday): 81 — If under 1 year: Months 8, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Leonard Fritz
13b. MOTHER'S MAIDEN NAME: Catherine Elizabeth ??
14. NAME OF HUSBAND OR WIFE: Fred Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Etney Wray — ADDRESS: Archie 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) Arteriosclerotic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: about 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) as above
DUE TO (c)

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: 446 X
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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* 3-16, 1952, *to* 4-7, 1952, *that I last saw the deceased alive on* 4-7, 1952, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: E. E. Robinson (Degree or title): M.D.
23b. ADDRESS: Adrian, Mo.
23c. DATE SIGNED: 4-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-52
24c. NAME OF CEMETERY OR CREMATORY: Garden City Cem
24d. LOCATION (City, town, or county): Garden City (State): Mo.

DATE REC'D BY LOCAL REG.: 4-16-52
REGISTRAR'S SIGNATURE: Myra Owens 16-0
25. FUNERAL DIRECTOR'S SIGNATURE: Creath + Sit — ADDRESS: Adrian Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.