

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17612**
Registrar's No. **284**

FILED JUN 5 1952

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450**

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) Doniphan		c. CITY (If outside corporate limits, write RURAL and give township) Doniphan	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1204 Walnut St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1204 Walnut St.			

3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) H. c. (Last) Payne			4. DATE OF DEATH (Month) (Day) (Year) 5-13-1952		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-15-1882	9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR (Months) (Days) 11/12
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) Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Lee Young		13b. MOTHER'S MAIDEN NAME Martha Sisk		14. NAME OF HUSBAND OR WIFE Clyde Payne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Marie Dahmer ADDRESS Granite City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma generalized		INTERVAL BETWEEN ONSET AND DEATH 2 year	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **3/15, 1952**, to **5/13, 1952**, that I last saw the deceased alive on **5/10, 1952**, and that death occurred at **7:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Johnson M.D. (Degree or title)		23b. ADDRESS Doniphan Mo		23c. DATE SIGNED 5/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-15-1952		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	
		24d. LOCATION (City, town, or county) (State) Ripley County, Mo.			

DATE REC'D BY LOCAL REG. 5-19-52		REGISTRAR'S SIGNATURE E. W. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE Black-Edwards Funeral Home ADDRESS Doniphan	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Johnson

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 *George A. Kerley*

Licensed Embalmer No. *4752*

P. O. Address *Doniphan, 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.