

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23705**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 762	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph,		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 201 Harvard St.				d. STREET ADDRESS (If rural, give location) 201 Harvard St.			
3. NAME OF DECEASED (Type or Print) a. (First) EFFIE		b. (Middle) MAY		c. (Last) PAYNE		4. DATE OF DEATH (Month) (Day) (Year) July 11 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 24, 1886		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY King Hill Ass. of God		11. BIRTHPLACE (State or foreign country) Mountainview, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John C. Smith		13b. MOTHER'S MAIDEN NAME Elizabeth Polk		14. NAME OF HUSBAND OR WIFE Talbot J 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grace Ferguson Redland Calif.			
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, ashtenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of body uterus Preming. 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.				INTERVAL BETWEEN ONSET AND DEATH 6 months.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 172X				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)		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 4/18 , 19 52 , to 7/7 , 19 52 , that I last saw the deceased alive on 7/7 , 19 52 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank N. Deegan, M.D.				23b. ADDRESS 670 Hancock Dr.		23c. DATE SIGNED 7/12/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 14 1952	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Fowler Colorado		
DATE REC'D BY LOCAL REG. July 18, 1952.		REGISTRAR'S SIGNATURE Carl C. Custer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stammy Funeral Home St. Joseph Mo.			

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

0117
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eared Clark

Licensed Embalmer No. 41238

P. O. Address St Joseph 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.