

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34009

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 157

1092
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BATES.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL. 021	
c. LENGTH OF STAY (In this place) 5 WEEKS.		d. STREET ADDRESS (If rural, give location) N. 6TH. ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MANLOVE CONV. HOME.			
3. NAME OF DECEASED a. (First) PERMELIA b. (Middle) - c. (Last) PAYNE.			4. DATE OF DEATH SEPT-26-1952 (Month) (Day) (Year)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH APRIL-21-1868
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME.	
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LEWIS CRIGGAL.		13b. MOTHER'S MAIDEN NAME LUCY KELLEY	
14. NAME OF HUSBAND OR WIFE ENOCH W. PAYNE.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Leath Rich Hill, Mo.		ADDRESS Rich Hill, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Ventricular failure DUE TO (c) Arteriosclerosis, C.D. disease 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 checked="" type="checkbox"/>		442X	
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 Aug 5, 1952 to Sept 26, 1952 that I last saw the deceased alive on Sept 26, 1952 , and that death occurred at 2:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Annita Allen, MD (Degree or title)		23b. ADDRESS Nevada Mo	
23c. DATE SIGNED 10-1-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT-28-1952	
24c. NAME OF CEMETERY OR CREMATORY TRIPER CEMETERY		24d. LOCATION (City, town, or county) (State) BATES COUNTY, MISSOURI.	
DATE REC'D BY LOCAL REG. 10-3-52		REGISTRAR'S SIGNATURE Anna E. Ferry 451- 5. FUNERAL DIRECTOR'S SIGNATURE South Funeral Home Rich Hill, Mo. ADDRESS	

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

John H. Underwood

Licensed Embalmer No. 3580

P. O. Address Butler 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.