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

FILED JAN 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41865

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 532L Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
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 MILES So. OF STEELVILLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JEFFERSON ~~St. Louis~~ Co.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: CEDAR HILL, Mo. 05-00
d. STREET ADDRESS (If rural, give location): /

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

4. DATE OF DEATH (Month) DEC. (Day) 14 (Year) 1952

5. SEX: M — **6. COLOR OR RACE:** WHITE — **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED — **8. DATE OF BIRTH:** AUG. 3-1929 — **9. AGE** (In years last birthday): 23 — IF UNDER 1 YEAR: Months 4 Days 11 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC — **10b. KIND OF BUSINESS OR INDUSTRY:** BIG FOUR CHEVROLET — **11. BIRTHPLACE** (State or foreign country): COOK STATION, Mo. — **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: CARNELIUS V. PAYNE — **13b. MOTHER'S MAIDEN NAME:** MARY McWHORTER — **14. NAME OF HUSBAND OR WIFE:** GENEVA 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.:** 496-28-0088 — **17. INFORMANT'S SIGNATURE OR NAME:** MRS. ADA POUNDS — **ADDRESS:** STEELVILLE, 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) Car Accident — INTERVAL BETWEEN ONSET AND DEATH

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 ☐ 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) 028 (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* _____ *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____ *19*___, *and that death occurred at* 8:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Brad R. Chamberlin Pioneer — **23b. ADDRESS:** Cuba, Mo. — **23c. DATE SIGNED:** 12-15-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **24b. DATE:** 12-17-52 — **24c. NAME OF CEMETERY OR CREMATORY:** STEELVILLE CEM. — **24d. LOCATION** (City, town, or county) (State): STEELVILLE, Mo.

DATE REC'D BY LOCAL REG.: 12-31-52 — REGISTRAR'S SIGNATURE: 76-0 — **25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS:** Thomas S. Halpert, STEELVILLE, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1953

JAN 8 1983

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 Thomas S. Halbert

Licensed Embalmer No. 4337

P. O. Address Steelville, 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.