

59680-53 STANDARD CERTIFICATE OF DEATH

State File No. 8297

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene 0346	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 MOS.		e. STREET ADDRESS (If rural, give location) 730 West Jackson Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 730 West Jackson Street			
3. NAME OF DECEASED (Type or Print)	a. (First) DIANA	b. (Middle) JEAN	c. (Last) PAYNE
4. DATE OF DEATH	(Month) April	(Day) 3	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH Aug. 31, 1953
9. AGE (In years last birthday) —	if UNDER 1 YEAR 7 Months	if UNDER 1 YEAR 3 Days	if UNDER 12 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Melvin Payne	13b. MOTHER'S MAIDEN NAME Faye Tyler	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Melvin Payne ADDRESS Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis - Meningococcal and Hydrocephalus 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 751 X		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 Aug 31, 1953 , to Sept 1, 1954 , that I last saw the deceased alive on April 1, 1954 , and that death occurred at 10:19 pm. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]	(Degree or title) M. D.	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 4/6/1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/5/1954	24c. NAME OF CEMETERY OR CREMATORY Payne Cemetery	24d. LOCATION (City, town, or county) (State) Christian County, Mo.
DATE REC'D BY LOCAL REG. 4-7-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Springfield, Mo.	

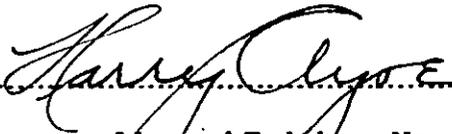
(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48623 West Walnut
WRITE PLAINLY—USING UNFADING INK—INSURE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.. 4..5..9

P. O. Address Springfield,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.