

No. 300
10.48

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12608

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 3039 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY LINN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE 2581	
c. LENGTH OF STAY (In this place) 33 YRS		d. STREET ADDRESS (If rural, give location) 114 E. LAKE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 114 E. LAKE			

3. NAME OF DECEASED (Type or Print) a. (First) SUE b. (Middle) MARIE c. (Last) PAYDEN			4. DATE OF DEATH (Month) (Day) (Year) 4 6 1954		
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-2-1886	9. AGE (In years last birthday) 68	10. IF UNDER 1 YEAR: Months 2 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) CHARITON COUNTY MO.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME EDWIN BRAD LOCKE		13b. MOTHER'S MAIDEN NAME SARARA STANLEY		14. NAME OF HUSBAND OR WIFE C.W. PAYDEN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HAROLD GARDNER	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thromboses - multiple		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) Hypertension DUE TO (c) Arterio sclerosis		
	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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 1948 to 4-6, 1954, that I last saw the deceased alive on 4-6, 1954, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Harold W. Smith M.D.	23b. ADDRESS Marceline Mo.	23c. DATE SIGNED 4-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-8-1954	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET	24d. LOCATION (city, town, or county) (State) MARCELINE MO.
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DATE REC'D BY LOCAL REG. 4-7-54	REGISTRAR'S SIGNATURE M.J. Registrar 401	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.K. Tullatow MARCELINE MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10

728

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 Libburn K. Tillatou

Licensed Embalmer No. 4508

P. O. Address Marceline, 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.