

FILED SEP 3 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28363

BIRTH NO. REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Como (Rural)</i>		c. CITY OR TOWN <i>Como (Rural)</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>DT 20</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>ELLIS</i>	b. (Middle)	c. (Last) <i>PAYNE</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 3 1954</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Black</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar 10, 1905</i>	9. AGE (In years last birthday) Months Days <i>49 4 23</i>	10. IF UNDER 1 YEAR Hours Min.	11. IF UNDER 18 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMING</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>FARMING</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Conway, Ark</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Gammy Payne</i>	13b. MOTHER'S MAIDEN NAME <i>Annie Fleming</i>	14. NAME OF HUSBAND OR WIFE <i>Charlie Mae Payne</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>719-12-2845</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Charlie Mae Payne</i>	ADDRESS <i>Catron, Mo</i>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac decomp</i>		
	ANTECEDENT CAUSES Morbidity 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 <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)
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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?
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22. I hereby certify that I attended the deceased from *Oct 13, 1952* to *Aug 3, 1954*, that I last saw the deceased alive on *July 28, 1954*, and that death occurred at *9:00* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. George W. Husted MD</i>	23b. ADDRESS <i>Parma, Mo</i>	23c. DATE SIGNED <i>8/9/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug 7, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Catron Colored Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Catron, Mo</i>
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DATE REC'D BY LOCAL REG. <i>8/9/54</i>	REGISTRAR'S SIGNATURE <i>Dr. George W. Husted MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Art Lake</i>	ADDRESS <i>Funeral Parlor Fortzgerde</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

7-20

OCT 5 1954

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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.....

P. O. Address.....

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.