

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15566

State File No. _____
1859

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY OR TOWN Kansas City	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) 55 Yrs		e. STREET ADDRESS (If rural, give location) 804 Elmwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		31960	

3. NAME OF DECEASED (Type or Print)	a. (First) Nellie	b. (Middle) Gladys	c. (Last) Payne	4. DATE OF DEATH (Month) (Day) (Year) April 26 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 20, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and State or Foreign Country) Brownington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Daniel Perrin	13b. MOTHER'S MAIDEN NAME Nancy Sanders	14. NAME OF HUSBAND OR WIFE Elmer J. Payne
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO (If yes, give war or dates of service) X X X	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Elmer J. Payne, 804 Elmwood, K. C. Mo	ADDRESS _____
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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, asthenia, 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) Carcinomatous of peritoneal surfaces		4 mo.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma of ovary, bilateral		2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			175+

19a. DATE OF OPERATION 7-7-54	19b. MAJOR FINDINGS OF OPERATION Bilateral carcinoma of ovaries	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____	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: 1-27, 1954, to 4-26, 1955, that I last saw the deceased alive on 4-26, 1955, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wilson H. Miller (Degree or title) M.D.	23b. ADDRESS 4620 Independence Ave. Kans. Cit., Mo.	23c. DATE SIGNED 4-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-29-55	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 4-27-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Floral Hills Memorial Chapel, K. C. Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov. 11
H.C. 100

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 *Oress Blanford*.....

Licensed Embalmer No. *40*.....

P. O. Address *K.C.M.*.....

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.