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

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25269

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5106 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cole Township
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Resort

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cole Township
d. STREET ADDRESS (If rural, give location): Lakeside Resort

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3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Lucile
c. (Last): Payne

4. DATE OF DEATH (Month) (Day) (Year): Sept 1st 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 13th 1894

9. AGE (In years last birthday): 61
If under 1 year: Months: 3 Days: 18
If under 24 hrs.: Hours: Min.:

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): Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Charles Matny

13b. MOTHER'S MAIDEN NAME: Amanda Brown

14. NAME OF HUSBAND OR WIFE: Thomas C 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.: 514-16-9000

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Thomas C Payne, R F D Lincoln 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) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: 6 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Strangulation. — 3 min

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Strangulation by Suicide

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 974X

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Suicide

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from never, 19__, to never, 19__, that I last saw the deceased alive on never, 19__, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Harold B. Wuckerkes (Degree or title): Coroner

23b. ADDRESS: Cole Camp, Mo

23c. DATE SIGNED: 9/2/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept 2nd 1955

24c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery

24d. LOCATION (City, town, or county) (State): Kansas City Kansas

DATE REC'D BY LOCAL REG.: Sept 2, 1955

REGISTRAR'S SIGNATURE: E. L. Eckhoff 394

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: E L Eckhoff, Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1958

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 E. L. Bickhoff

Licensed Embalmer No. 730

P. O. Address Camp Hill

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.