

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39478**

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **359**PRIMARY REG. DIST. NO. **6219**Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Drywood Twp.</b>		c. LENGTH OF STAY (in this place) <b>11 months</b>	c. CITY OR TOWN <b>Sheldon</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>		e. STREET ADDRESS (If rural, give location) <b>Route 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMANTHA</b> b. (Middle) <b>EVELYN</b> c. (Last) <b>PAYNE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 13, 1955</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 23, 1863</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (In years last birthday) <b>92</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Unionville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Ellison Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Montgomery</b>	14. NAME OF HUSBAND OR WIFE <b>Sanford Payne</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Agnes Spitzengel, Rt. 1, Sheldon, Mo.</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <b>11-2-55</b> , 19 <b>55</b> , to <b>11-13</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>11-7</b> , 19 <b>55</b> , and that death occurred at <b>-</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. G. Morris, M.D.</b>		23b. ADDRESS <b>Nevada, Mo.</b>	23c. DATE SIGNED <b>11-16-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 16, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lamar, Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-19-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ruth Faith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chiles Funeral Home</b>	ADDRESS <b>Lamar, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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 *Clarence H. Child*.....

Licensed Embalmer No. *34*.....

P. O. Address *Sanct. M.*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**