

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1957

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	c. LENGTH OF STAY (In this place) <u>1 1/2 Months</u>	c. CITY OR TOWN <u>Kennett</u>	d. Residence within limits of a city or incorporated town Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u>		e. STREET ADDRESS (If rural, give location) <u>915 Crawford</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u>	b. (Middle)	c. (Last) <u>Payne</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23, 1889</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 11 HRS. Days <u>4</u> Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>W.H. Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Payne</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Payne Kennett, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neurosis of Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pancreatitis</u>		
	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 <u>Neurosis of Pancreas - gall stones 5871</u>	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)	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 7-10, 1957, to 8-27, 1957, that I last saw the deceased alive on 8-27, 1957, and that death occurred at 12:13 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Paul C. Mitenbeyer M.D.</u>	(Degree or title)	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>9-26-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/30/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 2-1957</u>	REGISTRAR'S SIGNATURE <u>Curt Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Service, Senath Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

90.0

RECEIVED DUNKLIN COUNTY

DEPARTMENT 10-9

COUNTY FILE NUMBER 10

OCT 21 1957

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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address Kennett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.