MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031624
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 161

FILED AUG 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Length of stay in lb 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Camdenton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Highway 5 North — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Cornelia Middle Marguerite Last Payne

4. DATE OF DEATH Month Day Year August 23, 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 30, 1890
9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 —
11. BIRTHPLACE (City and state or country) Bowling Green, Kentucky
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ~~Grxxxxxxxxxxx~~ Samuel Ebner Nance
13b. MOTHER'S MAIDEN NAME Martha Ann Anderson
14. NAME OF HUSBAND OR WIFE Grover 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. unknown
17. INFORMANT Lucille Duncan — Address Camdenton, Mo. Hwy 5 N

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Asystole — INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metabolic Acidosis & Uremia — 1 week
DUE TO (c) Arteriolar Nephrosclerosis & — years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertensive Cardiovascular Disease; Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-21-62, to 8-23-62 and last saw her ~~him~~ alive on 8-23-62
Death occurred at 9:15 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Samson, Jr. M.D.
22b. ADDRESS Camdenton, Mo.
22c. DATE SIGNED 8-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 8/24/62
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Memorial Cemetery
23d. LOCATION (City, town, or county) (State) Joliet, Illinois

24. FUNERAL DIRECTOR Walter Hedges — ADDRESS Camdenton, Missouri
25. DATE RECD. BY LOCAL REG. 8-23-1962
26. REGISTRAR'S SIGNATURE Wella L. Day

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1962

Permit Issued 8-23-1962 W.R.W.

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 Walter Hedges

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

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.