

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045699

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 202

FILED NOV 27 1962

VS 300  
Rev. 4/59

1085

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

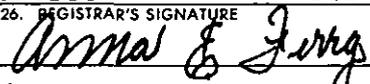
ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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, give TOWNSHIP only) OR TOWN <b>Nevada</b>			Length of stay in 1b <b>25 years</b>		c. CITY OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>615 East Austin</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>CORA</b> Middle <b>ANN</b> Last <b>PAYNE</b>				4. DATE OF DEATH Month <b>November</b> Day <b>10</b> Year <b>1962</b>									
5. SEX <b>F</b>		6. COLOR OR RACE <b>Wh</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-2-1879</b>		9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
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>		11. BIRTHPLACE (City and state or country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Michael Welley</b>				13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Van Tuyhl</b>				14. NAME OF HUSBAND OR WIFE <b>Robert Payne, Deceased 1936</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.		17. INFORMANT Address <b>Mrs. Loyd Carter Nevada, Missouri</b>							
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: )										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Cardiac Decompensation</b>										<b>2 weeks</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <b>Chronic cardiovascular disease with edema</b>		<b>10 years</b>	
										DUE TO (c) <b>Arteriosclerosis, interstitial nephritis.</b>		<b>10 plus yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>March 1947</b> to <b>Nov. 10, 1962</b> and last saw her <b>alive</b> on <b>Nov. 9, 1962</b> Death occurred at <b>Nevada, Missouri 8:30 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE 						22b. ADDRESS <b>Moore Bldg., Nevada, Missouri</b>			22c. DATE SIGNED <b>11/13/'62</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-13-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>East Mt. Zion, Amoret Mo.</b>				23d. LOCATION (City, town, or county) <b>Amoret</b>		23e. STATE <b>Missouri</b>			
24. FUNERAL DIRECTOR <b>Ferry Funeral Home</b>				ADDRESS <b>Nevada, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>11-21-1962</b>		26. REGISTRAR'S SIGNATURE 					

**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

*Ray E. Ireland*

Licensed Embalmer No. 50521

P. O. Address Penada, 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.