

STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1949

State File No.

No. 300
10.48

BIRTH NO. 47385-49 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 271

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|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> | | c. LENGTH OF STAY (In this place) <u>5 hrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia Missouri</u> | | d. STREET ADDRESS (If rural, give location) <u>204 Locust</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Notes Hospital</u> | | | | | |

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|---|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>Baby girl (unnamed) Payne</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10 - 1949</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u> | 8. DATE OF BIRTH <u>Aug 10 - 1949</u> | | 9. AGE (In years last birthday) (Months) (Days) (Year) (If under 2 yrs. Hours) (Min.) <u>4</u> <u>45</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Columbia Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Shelby Payne</u> | | 13b. MOTHER'S MAIDEN NAME <u>Osie Lee Rogan</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS | |

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|--|--|---|--|--|---|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia in utero</u> ANTECEDENT CAUSES <u>Eclampsia of mother</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</u> |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>7/6/20</u> |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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 8-10, 1949, to 8-10, 1949, that I last saw the deceased alive on 8-10, 1949, and that death occurred at 4 p m., from the causes and on the date stated above.

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|--|--|------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE <u>Barry M. Griffith, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Columbia Mo</u> | | 23c. DATE SIGNED <u>8-10-49</u> | |
|--|--|------------------------------------|--|------------------------------------|--|

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|--|-------------------------------|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-15-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Walwyn</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u> | | |
|--|-------------------------------|---|--|--|--|

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|--|---|--|----|---|--|
| DATE REC'D BY LOCAL REG. <u>Aug 15 1949</u> | REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u> | | 31 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Paul's Park Columbia Mo.</u> | |
|--|---|--|----|---|--|

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

RECEIVED
AUG 22 1919
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ernest P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia, 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 this body is not embalmed, fact should be so stated above.