

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36611**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 5228		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Cass 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole 26			
b. CITY OR TOWN Pleasant Hill		c. LENGTH OF STAY (in this place) U.S.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		5 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Pacific RR Near Pleasant Hill				d. STREET ADDRESS (If rural, give location) 212 E. State			
3. NAME OF DECEASED (Type or Print) Rufus Jackson Payne			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1949	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 28, 1897	
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months 0		IF UNDER 2 HRS. Hours 19		IF UNDER 4 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trakeman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific RR		11. BIRTHPLACE (State or foreign country) Gelana Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John L. Payne			13b. MOTHER'S MAIDEN NAME Frances Eutsler			14. NAME OF HUSBAND OR WIFE Elzada Doolong Payne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-14-4297		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. J. Payne Jefferson City, Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Arteriosclerotic Heart Disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden 4/20/1	
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 _____, 19____, to Nov. 17, 1949 that I last saw the deceased alive on Nov. 17, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. J. Barger MD (Degree or Title)				23b. ADDRESS Harrisonville, Mo		23c. DATE SIGNED 11-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-19-49		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. Nov. 18, 1949		REGISTRAR'S SIGNATURE Laura J. Jones		51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Busch Jefferson City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 19 1949

NOV 29 1949

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. 35

working under my personal supervision.

Student

Bill Branson
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address

Jefferson City, 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.