

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11820

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 4002 Registrar's No. 107

0010
1

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Brashear</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brashear</u> <u>0010</u>	
c. LENGTH OF STAY (in this place) <u>35 years</u>		d. STREET ADDRESS (If rural, give location) <u>None</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>G.</u>	
c. (Last) <u>PAYNE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Dec. 2, 1862</u>
9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>4</u> <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Lewis Co., Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Urial Payne</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira Kiggins</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Isabella Payne</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Payne, Brashear, Mo.</u> ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of Prostate</u>			
DUE TO (c) <u>Cushing Cystitis of prostate</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced Age</u>			
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 <u>Feb</u> , 19 <u>50</u> , to <u>Apr</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar</u> , 19 <u>50</u> , and that death occurred at <u>4:13 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. M. H. ...</u> (Degree or title)		23b. ADDRESS <u>912 E. ...</u>	
23c. DATE SIGNED <u>4-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paultown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brashear, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-20-50</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Randolph ...</u> ADDRESS <u>...</u>	

RECEIVED APR 27 1950
District Health Officer No. 10
District File Number 4-50-689
Date Filed

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, _____

Student Embalmer No. _____

working under my personal supervision.

Signed Clarence M. Billo

Signed _____
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirkville 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.