

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 037494  
0490  
157  
Registrar's No.

BIRTH NO. 68403-50 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5586

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Rural Rt 3		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Rural Rt 3	
c. LENGTH OF STAY (in this place) 2 wks		d. STREET ADDRESS (If rural, give location) Rt 3 Joplin, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Rt 3			

3. NAME OF DECEASED (Type or Print)	a. (First) DELIBAH	b. (Middle) PEARLEE	c. (Last) PAYTON	4. DATE OF DEATH (Month) (Day) (Year) November 10, 1950
-------------------------------------	--------------------	---------------------	------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH October 26, 1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR 0	IF UNDER 1 YEAR 14	IF UNDER 1 YEAR Hours Min.
---------------	------------------------	--	-----------------------------------	-----------------------------------	-------------------	--------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
--	--	--	--------------------------------------

13a. FATHER'S NAME Amos Delbert Payton	13b. MOTHER'S MAIDEN NAME Lottie C. Bruton	14. NAME OF HUSBAND OR WIFE None
--	--	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Amos Delbert Payton	ADDRESS Rt 3, Joplin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) m.	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 11-10, 1950, to 11-10, 1950, that I last saw the deceased alive on 11-10, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE B. B. Munson	(Degree or title) D.O.	23b. ADDRESS Webb City, Mo	23c. DATE SIGNED 11-11-50
-----------------------------	------------------------	----------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-11-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
--	--------------------	--	---

DATE RECD BY LOCAL REG. 11-11-50	REGISTRAR'S SIGNATURE J. L. Hutchell	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City Missouri
----------------------------------	--------------------------------------	--	----------------------------

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

0490  
1

RECEIVED 11-14-50  
Jasper County Health Office

County File Number 50-11-829  
Date Filed 11-14-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Howard J. Lewis E.*

Licensed Embalmer No. 4561

P. O. Address *Wells 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.