

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16937**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **182**

480

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence, 1407 W. Alton</b>		d. STREET ADDRESS (If rural, give location) <b>1407 W. Alton</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Raymond</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>Payne</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 24, 1901</b>
9. AGE (In years last birthday) <b>50</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Engine works</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alfred A. Payne</b>		13b. MOTHER'S MAIDEN NAME <b>Allie Webb</b>	
14. NAME OF HUSBAND OR WIFE <b>Leonora Payne</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>191 22 0713</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leonora Payne</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>April 2-1951</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.		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) <b>331x</b>		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 <b>4/25</b> , 19____, to <b>5/13/51</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:49A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R. E. Sanford MD</b>		23b. ADDRESS <b>Independence Mo</b>	
23c. DATE SIGNED <b>5/14/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>May 15, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Brooking Cen</b>	
24d. LOCATION (City, town, or county) (State) <b>Raytown, Mo.</b>		DATE REC'D BY LOCAL REG. <b>May 15-1951</b>	
REGISTRAR'S SIGNATURE <b>R. E. Sanford</b>		FUNERAL DIRECTOR'S SIGNATURE <b>R. E. Sanford</b>	
ADDRESS <b>Independence, Mo.</b>		ADDRESS _____	

JUL 23 1957

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 .....  
Student Embalmer

Signed *Harold E. Keedwell*

Licensed Embalmer No. *4609*

P. O. Address *Judgement, Md*

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.