

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27351**

FILED AUG 24 1951

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| BIRTH NO. <u>53785-51</u> | | REG. DIST. NO. <u>150</u> | | PRIMARY REG. DIST. NO. <u>5572</u> | | Registrar's No. <u>104</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> 0490 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prairie</u> | | c. LENGTH OF STAY (in this place) <u>1 day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> 0475 | | d. STREET ADDRESS (If rural, give location) <u>129 E. Waldo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Em. Hospital</u> | | | | 3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Payne</u> | | | |
| 4. DATE OF DEATH <u>Aug. 3, 1951</u> | | 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u> | |
| 8. DATE OF BIRTH <u>Aug. 2, 1951</u> | | 9. AGE (In years last birthday) <u>0</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u> | | IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (State or foreign country) <u>Jackson County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Paul L. Payne</u> | | 13b. MOTHER'S MAIDEN NAME <u>Aileen Mills</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul L. Payne, Independence, Mo.</u> | | | |
| 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>prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>less than 7 months gestation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>776X</u> | | 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 <u>2 Aug., 1951</u> , to <u>3 Aug., 1951</u> , that I last saw the deceased alive on <u>3 Aug., 1951</u> , and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John C. Summerschein M.D.</u> | | | | 23b. ADDRESS <u>203 So. Spring, Indep.</u> | | 23c. DATE SIGNED <u>4 Aug 51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Aug. 6, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Md. Grove</u> | | 24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug. 4, 1951</u> | | REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bob Carson Independence, Mo.</u> | | | |

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

AUG 22 REC'D

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 _____

not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Tom D. Markland*

Licensed Embalmer No. *4592*

P. O. Address *Indep. 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.