

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19727

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir. 164	
b. CITY OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Green Row ST		d. STREET ADDRESS (If rural, give location) Green Row ST	

3. NAME OF DECEASED (Type or Print) a. (First) Imogene	b. (Middle)	c. (Last) Payne	4. DATE OF DEATH (Month) (Day) (Year) June 14, 1952
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5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (infant)	8. DATE OF BIRTH Jan. 27, 1952	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 18	IF UNDER 6 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cape, Girardeau, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Amanda Betts	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amanda Payne, 402 N. St., Cape Gir., Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 1 wk 2 wks: (Nat)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Bronchitis 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 500X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-2-1952, to 6-12-1952, that I last saw the deceased alive on 6-12-1952, and that death occurred at noon m., from the causes and on the date stated above.

23a. SIGNATURE W. A. Fingal (Degree or title) O.M.D.	23b. ADDRESS 704 Locust St. Charleston, Mo.	23c. DATE SIGNED 6-16-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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DATE REC'D BY LOCAL REG. 6-22-52	REGISTRAR'S SIGNATURE T. L. Summers 44-0	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks	ADDRESS Cape Gir., Mo.
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(Licensed Embellisher's Statement on Reverse Side)

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

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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.....

Frank J. Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau*

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.