

STANDARD CERTIFICATE OF DEATH

State File No.

38863

FILED DEC 6 1952		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5182	
1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Nemah</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. LENGTH OF STAY (In this place) <i>non Resident</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wetmore, Kansas</i>		d. STREET ADDRESS (If rural, give location) <i>8154 X</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5835 Harrison</i>							
3. NAME OF DECEASED (Type or Print) <i>Mrs. Emma</i>		a. (First)		b. (Middle) <i>Payne</i>		c. (Last)	
4. DATE OF DEATH <i>11-26-1952</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>April 8, 1881</i>		9. AGE (In years last birthday) <i>71</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Guthrie Center, Iowa</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Guthrie Center, Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Mr. Sam Raner</i>		13b. MOTHER'S MAIDEN NAME <i>Rachel Foreacre</i>		14. NAME OF HUSBAND OR WIFE <i>Mr. George Payne, deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Everett Elliott, Daughter, KC Mo</i>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 5835 Harrison, I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Diabetes Mellitus</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Malnutrition</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>10 yrs</i> <i>4 yrs</i> <i>3 mo</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>260X</i>				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) (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 <i>Oct. 5</i> 19 <i>52</i> to <i>Nov. 26</i> 19 <i>52</i> , that I last saw the deceased alive on <i>Nov. 26</i> 19 <i>52</i> and that death occurred at <i>12:30 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Frank A. O'Connell</i> (Degree or title) <i>Frank A. O'Connell M.D.</i>				23b. ADDRESS <i>327 Argyle Bldg.</i>		23c. DATE SIGNED <i>11/27/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11-27-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Albany Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Sabetha, Kansas</i>	
DATE REC'D BY LOCAL REG. <i>11-27-52</i>		REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ralph A. Fulton, Kansas City, Kans.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph Fulton

Licensed Embalmer No. 3035

P. O. Address D. C. A.

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.

NO. 1000