No. 300
10.48

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2327

BIRTH NO. — REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (In this place): 10-25.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-- 1105 North Main Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho 0932
d. STREET ADDRESS (If rural, give location): 1105 North Main Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Mahala b. (Middle) Ellen c. (Last) Payne

4. DATE OF DEATH (Month) I (Day) 21 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11-13-1864

9. AGE (In years last birthday): 88 — If under 1 year: Months 2 Days 8 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and State or Foreign Country): Franklin County, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jehail O. Peden

13b. MOTHER'S MAIDEN NAME: Lucinda Wilson

14. NAME OF HUSBAND OR WIFE: Martin L. Payne Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mae Briley ADDRESS: Neosho, Missouri

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Clr — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis — 10 years

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 4221

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* 21 Jan, 1953, *that I last saw the deceased alive on* 10 May, 1952 *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE L. L. Taylor (Degree or title) MD — **23b. ADDRESS** Neosho Mo — **23c. DATE SIGNED** 3 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 1-23-53 — **24c. NAME OF CEMETERY OR CREMATORY**: Fidelity Cemetery — **24d. LOCATION** (City, town, or county) (State): Near Carthage, Missouri.

DATE REC'D BY LOCAL REG.: 2-6-53 — **REGISTRAR'S SIGNATURE**: Melvin C. Bowman MD 223-0 — **25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Clark-Bigham MOrtuary Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

253-3

NEOSHO, MISSOURI

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 Jesse O. Sullins, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, 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.