

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 4 - 1953

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5235 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Ia b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Benton 5 <sup>th</sup> W		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Benton 0-200	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 17th W. Jewett Spg.	

3. NAME OF DECEASED (Type or Print) Robert RONALD PAYNE			4. DATE OF DEATH (Month) (Day) (Year) 2-14-53		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED U	8. DATE OF BIRTH 7-22-1917		
9. AGE (In years last birthday) 5		IF UNDER 1 YEAR Months 6		IF UNDER 24 HRS. Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jewett Spg. Ia	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Carter D Payne			

13b. MOTHER'S MAIDEN NAME Alice Heath		14. NAME OF HUSBAND OR WIFE Carter Payne	
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 Carter Payne		ADDRESS Jewett Spg.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		ANTECEDENT CAUSES		2 Day	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Purpura hemorrhagica		3 Day	
		DUE TO (c) Measles		5 Day	
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 0851		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2-14, 1953, to 2-14, 1953, that I last saw the deceased alive on 2-14, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. B. Bannister MD		23b. ADDRESS Jewett Spring Ia		23c. DATE SIGNED 2-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-17-1953		24c. NAME OF CEMETERY OR CREMATORY Anna Edna Cain	
24d. LOCATION (City, town, or county) Jewett Spg. Ia		24e. (State) Ia			

DATE REC'D BY LOCAL REG Feb 23-53		REGISTRAR'S SIGNATURE Norma Timmerman 477-0		25. FUNERAL DIRECTOR'S SIGNATURE R. Long, Jewett Spg. Ia	
-----------------------------------	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

200

**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 \_\_\_\_\_

*W. D. Long*

Licensed Embalmer No. 3714

P. O. Address Jerico Spg. 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.