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

FILED AUG 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23775

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: GRIM-SMITH MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GreenCastle 1050 1
d. STREET ADDRESS (If rural, give location): Rt. 3

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

4. DATE OF DEATH (Month) (Day) (Year): July 26 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 3, 1873

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months ---- Days ---- IF UNDER 24 HRS.: Hours ---- Min. ----

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

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): West Virginia 1

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

13a. FATHER'S NAME: George Payne

13b. MOTHER'S MAIDEN NAME: Christine Elyard

14. NAME OF HUSBAND OR WIFE: Nellie I. Payne

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 ADDRESS: Mrs. Reta Adams, Green Castle, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

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

DUE TO (b) _____

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 332X

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* 7-23, 1953, *to* 7-26, 1953, *that I last saw the deceased alive on* 7-25, 1953, *and that death occurred at* 4:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE L. L. Hudson (Degree or title) M.D.

23b. ADDRESS Kirksville, Mo.

23c. DATE SIGNED 7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 29, 1953

24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

24d. LOCATION (City, town, or county) (State): Green City, Mo.

DATE REC'D BY LOCAL REG.: 7-29-53

REGISTRAR'S SIGNATURE: Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Glenn E. Hurt & Son, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1958

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Grand City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.