S. No. 300
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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. 23776

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE, MISSOURI
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KIRKSVILLE OSTEOPATHIC HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN: Green City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): No street address 1050 1

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): B.
c. (Last): PAYNE

4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 12, 1885
9. AGE (In years last birthday): 68 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Kansas 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob Lynch
13b. MOTHER'S MAIDEN NAME: Cora Spidham
14. NAME OF HUSBAND OR WIFE: George T. 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.: Don't know
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Georgene Macso, Detroit, Mich.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Circulatory Failure	
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis	7 days
DUE TO (c)	Coronary Atherosclerocis	10 years
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 4201
20. AUTOPSY? YES [ ] NO [X]

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* 7-21, 1953, *to* 7-26-, 1953, *that I last saw the deceased alive on* 7-26, 1953, *and that death occurred at* 11:30am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Hetzler 2 D.O.
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 7-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Green City Cemetery
24d. LOCATION (City, town, or county) (State): Green City, Mo.

DATE REC'D BY LOCAL REG.: 7-28-53
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Glenn E. Kurtz & Son, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1959

AUG 7 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl R. Fint

Licensed Embalmer No. 468

P. O. Address Green City

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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