

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2020  
5

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5714		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>MCDONALD</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>NEW JERSEY</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PINEVILLE</b>		c. LENGTH OF STAY (in this place) <b>5 WKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BEACH-HAVEN. 8290</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAUDE-ESTELLE</b> b. (Middle) <b>PAYNE</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>1-6-1954</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>6-7-1891</b>		9. AGE (In years last birthday) <b>62</b>	10. UNDER 1 YEAR <b>6</b>	11. UNDER 15 HRS. <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>		11. BIRTHPLACE (State or foreign country) <b>ANSLEY-NEBR.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>BOONE-B. HAWTHORNE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY-E. PERRIN</b>		14. NAME OF HUSBAND OR WIFE <b>H.O. PAINE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>506-070292</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W.F. CRINKLAW, PINEVILLE-MO</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>SUDDEN</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) m. _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. M. Humphrey, Jr. Coroner</b>				23b. ADDRESS <b>Noel, Mo.</b>		23c. DATE SIGNED <b>1-6-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>1-7-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WYUKA CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>KINCOLN-NEBR.</b>	
DATE REC'D BY LOCAL REG. <b>1-8-54</b>		REGISTRAR'S SIGNATURE <b>Marye Humphrey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M. M. Humphrey</b> ADDRESS <b>Pineville, Mo.</b>			

(Licensed Embalmer) (Statement on Reverse Side)

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

FEB 24 1954

JAN 19 1954

**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 Maureen E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, N.J.

**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.