

No. 2
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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED NOV 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31944
Registrar's No. 59

Registration District No. 15 Primary Registration District No. 3004

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

1. PLACE OF DEATH: Barton
(a) County
(b) City or town Lamar
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 81 years
In this community 81 years
years, months or days

3. (a) PRINT FULL NAME CHARLES THOMAS LAYCOX
(b) If veteran, name war None
(c) Social Security No. None

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Sarah Stubblefield Laycox
(c) Age of husband or wife if alive years
7. Birth date of deceased January 22 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 17
If less than one day hr. min.

9. Birthplace Lamar, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Carpenter

11. Industry or business
12. Name Wesley Laycox
13. Birthplace Mt. Carmel, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Harriett Amanda McCuley
15. Birthplace Collinsville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Laycox
(b) Address Lamar, Missouri

17. (a) burial (b) Date thereof October 12 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) OCT 12 1948 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Barton 6
(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1948 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from September 30
1948 to October 9, 1948
that I last saw him alive on October 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure with pulmonary edema
Duration 2 days

Due to
Due to

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Means of injury
23. Signature J. T. Bickel (M. D. or other) M. D.
Address Lamar, Missouri Date signed 10/11/48

RECEIVED

District Health Officer No. 6,

District File Number 1148-12-51

Date Filed 11-6-48

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.