No. 300
10.48

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

FILED JUN 3 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16270

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 75

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie Twp
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson Co. Emergency Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
d. STREET ADDRESS (If rural, give location): 509 N. Main

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charles
b. (Middle): Alexander
c. (Last): Layland

**4. DATE OF DEATH** (Month) (Day) (Year): Apr. 17 1949

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Feb. 26 1860
**9. AGE** (In years last birthday): 89 — 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): Desk Sargent.
**10b. KIND OF BUSINESS OR INDUSTRY**: City Police Dept.
**11. BIRTHPLACE** (State or foreign country): Ohio
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William J. Layland
**13b. MOTHER'S MAIDEN NAME**: Susan Emmons
**14. NAME OF HUSBAND OR WIFE**: Cora Merchant

**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**: Roy Layland — ADDRESS: 904 Red Rd.

**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) Acute cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myocarditis — 4 yrs
DUE TO (c) — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Cirrhosis of liver — yrs

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**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): None 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* 4-11-49, 1949, *to* 4-17, 1949, *that I last saw the deceased alive on* 4/16, 1949, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Frank E. Inchaine MD
**23b. ADDRESS**: Independence Mo
**23c. DATE SIGNED**: 17 Apr 49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4/18/49
**24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cem.
**24d. LOCATION** (City, town, or county) (State): Independence Mo

**DATE REC'D BY LOCAL REG.**: 4-20-49
**REGISTRAR'S SIGNATURE**: Donald C. Earnshaw 378
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Ott & Mitchell Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 [signature]

Licensed Embalmer No. 3156

P. O. Address [illegible], 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.**