

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22859

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3291 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Clay Co <del>HOME</del> MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chandler</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph State Hosp #2</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay Co HOME 2 yrs</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u>	b. (Middle) _____	c. (Last) <u>LAYTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Don't know</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Wk. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Hospital #2</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Patient 35 yrs</u>	11. BIRTHPLACE (State or foreign country) <u>Clay Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Zack Layton</u>	13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Layton Kearney</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>slat day or two known</u> <u>5605</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstruction of bowel</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none known</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Very large inguinal hernia but not strangulated</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from Jan 1949, to July 16 1949 that I last saw the deceased alive on July 16 1949, and that death occurred at STP m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Garrison M.D.</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>July 7/18/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clay Co Home</u>	24d. LOCATION (City, town, or county) (State) <u>Chandler MO</u>
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DATE REC'D BY LOCAL REG. <u>July 18, 1949</u>	REGISTRAR'S SIGNATURE <u>Missie Hayes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>	ADDRESS <u>Kearney Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 25  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-27-49

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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

*Leonard Fry*

Licensed Embalmer No. 1677

P. O. Address Kearney 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.