

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 254

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2529 S. 15th Street</u>				3. NAME OF DECEASED a. (First) <u>Matilda</u> b. (Middle) <u>Annn</u> c. (Last) <u>Layson</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 23, 1865</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	
11. BIRTHPLACE (State or foreign country) <u>Unknown - Indiana /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Vandergriff</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Wiley</u>	
14. NAME OF HUSBAND OR WIFE <u>Benson Layson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Etta Chubbuck Kansas City, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>chronic hypertension</u> <u>1 yr.</u> DUE TO (c) <u>chronic myocarditis</u> <u>1 yr.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Jan. 1, 1949</u> to <u>Jan. 7, 1950</u> , that I last saw the deceased alive on <u>Jan. 7, 1950</u> , and that death occurred at <u>6:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Eugene M. Jastrow, M.D.</u>				23b. ADDRESS <u>411 Kirkpatrick St. Joseph, Mo.</u>		23c. DATE SIGNED <u>1/11/50</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Not given</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 16, 1950</u>		REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Statter Meierhoff</u> <u>1946. Coinoun, St. Joseph, Mo.</u>	

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

**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 ~~\*\*\*\*\*~~

~~\*\*\*\*\*~~ ~~\*\*\*\*\*~~  
working under my personal supervision.

Student Embalmer No. ~~\*\*\*\*\*~~

Signed *Raymond W. Morhean*

Signed ~~\*\*\*\*\*~~  
Student Embalmer

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.