

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9343**
Registrar's No. **46**

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>46</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 8mi E. of Webb City, 0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8Mi E. of Webb City</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUM</u>		b. (Middle) <u>C.</u>		c. (Last) <u>LAYTHROP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>February 13, 1870</u>		
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>no data</u>			13b. MOTHER'S MAIDEN NAME <u>no data</u>			14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Laythrop</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intra-aortic Fracture Leg 7 Days</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 1/2 Hrs</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) (Minute)		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>3-13</u> , 19 <u>50</u> , to <u>3-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-17</u> , 19 <u>50</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm W. Foster D.O.</u>				23b. ADDRESS <u>Carterville, Missouri</u>		23c. DATE SIGNED <u>3-18-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-18-50</u>		REGISTRAR'S SIGNATURE <u>G.L. Stebbins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Lewis</u>		ADDRESS <u>Webb City, Missouri</u>		

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

RECEIVED 3-20-50

Jasper County Health Office

County File Number 50-3-224

Date Filed 3-31-50

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.

Signed *Richard Gray Lewis*

Signed.....
Student Embalmer

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.