

FILED JUL 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31398

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6008 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Renick RR</u>		c. CITY OR TOWN <u>Renick RR</u>	
c. LENGTH OF STAY (In this place) <u>7 months</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Stevenson</u> c. (Last) <u>Laytham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7/6/1873</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>James Laytham</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Eleanor Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>James Johnson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>J. Louis Laytham R.R. 1</u>	
		ADDRESS <u>Renick RR</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>Kidney disease and heart trouble</u> ANTECEDENT CAUSES <u>Believed to have died of a light stroke</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>July 3-1950</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) _____		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 July, 1950, to July, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leah William Loue</u> (Degree or title) _____		23b. ADDRESS <u>Local Registrar Renick</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>July 14</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centerville</u>	
24d. LOCATION (City, town, or county) (State) <u>Monroe Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Thompson</u>		ADDRESS <u>Renick</u>	
DATE REC'D BY LOCAL REG. <u>July 14-50</u>		REGISTRAR'S SIGNATURE <u>Leah William Loue</u>		26. _____	

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

RECEIVED

JUL 17 1950

District Health Officer No. 10

District File Number 7-50-1157

~~Date Filed~~ JUL 27 1950

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

*Fred G. Thompson*

Signed.....

Student Embalmer

Licensed Embalmer No. 1420

P. O. Address *Madison, W.*

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.