

No. 300  
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STANDARD CERTIFICATE OF DEATH**  
 OF THE  
 STATE OF MISSOURI

**FILED** MAR 1 1951

State File No. **5196**  
 Registrar's No. **24**

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> c. LENGTH OF STAY (In this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington, Rural</u> d. STREET ADDRESS <u>Spanish Trail, give location</u> <u>Jerem - Highway 24</u> <u>R.F.D. # 1 3 miles West</u>		
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<b>3. NAME OF DECEASED</b> a. (First) <u>CHARLES</u> b. (Middle) <u>LESTER</u> c. (Last) <u>LAYNE</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>February 10, 1951</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>February 7, 1900</u>	<b>9. AGE</b> (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>common labor</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Lexington, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Watson Layne</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jennie Clark</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Emma Layne</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>not known</u>		<b>16. SOCIAL SECURITY NO.</b> <u>not known</u>
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Clara Forsha, Napoleon, Mo.</u>		

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cirrosis of Liver, Chronic</u> <u>Cholelithiasis &amp; Myocarditis</u> <b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 or 5 years</u> <u>10 w/ 1/2 yrs.</u>  <u>4222</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** Oct 10, 1949, to Feb. 8, 1951, that I last saw the deceased alive on 87 Feb, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>	<b>23b. ADDRESS</b> <u>Lexington Mo</u>	<b>23c. DATE SIGNED</b> <u>Feb. 26, 1951</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>February 12, 1951</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Machpelah</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Lexington, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 26 1951</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>2. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>[Signature]</u> <u>Lexington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2.28.51

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 2.28.51

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. 2983

P. O. Address *[Handwritten Address]*

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.