

FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9069

State File No. 5579

51

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) R. Mineral Twp		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Corthage		0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper Co. P.B. Hosp				d. STREET ADDRESS (If rural, give location) 511 Mc Gregor			
3. NAME OF DECEASED (Type or Print) a. (First) Maurine b. (Middle) Mable c. (Last) Layton			4. DATE OF DEATH (Month) (Day) (Year) Mar 18 - 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec 9 - 1873	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 9	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H. Layton		13b. MOTHER'S MAIDEN NAME Elizabeth Lane		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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Records		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 002x	
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 2/23, 1951, to 3/18, 1951, that I last saw the deceased alive on 3/17, 1951, and that death occurred at 3:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Jesse E. Douglas M.D.				23b. ADDRESS Shabb City Mo		23c. DATE SIGNED 3/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Mar 19, 1951	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) NASHUA IOWA		
DATE REC'D BY LOCAL REG. Mar 19 - 51		REGISTRAR'S SIGNATURE J.L. Satchell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE JOHNSTON ARNCE SIMPSON		ADDRESS MORTUARY WEBB CITY MO	

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

0490

RECEIVED 3-27-51

Jasper County Health Office

County File Number 51-3-256

Date Filed 3-27-51

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 Harvey E. Arnee

Licensed Embalmer No. 4463

P. O. Address Web 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.