S. No. 300
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FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11833

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU
c. LENGTH OF STAY (in this place) 15 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. FRANCIS HOSPT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS
b. COUNTY RANDOLPH
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PUSOL 8120
d. STREET ADDRESS (If rural, give location) RR#1. ST MARY'S MO. 8

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) ARCHIS
c. (Last) LAYTON

4. DATE OF DEATH (Month) (Day) (Year) APRIL 15 1951

5. SEX M MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED W
8. DATE OF BIRTH OCT 31 1869
9. AGE (In years last birthday) 81 — If under 1 year: Months 5 Days 24 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) PERRYVILLE MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH LAYTON
13b. MOTHER'S MAIDEN NAME CATHERINE MILES
14. NAME OF HUSBAND OR WIFE HARRIET POWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Chas. Gray Centralia Ill. — 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) Coronary Thrombosis + MI Anterior (Ti Type) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4/20/51
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1951, *to* 4-15, 1951, *that I last saw the deceased alive on* 4-15, 1951, *and that death occurred at* 4:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Albert M. Estes (Degree or title) MD.
23b. ADDRESS Cape Girardeau, Mo 714 Bd. Way
23c. DATE SIGNED 4-18-51.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4/18/51
24c. NAME OF CEMETERY OR CREMATORY KASKASKIA ISLAND
24d. LOCATION (City, town, or county) KASKASKIA ISLAND (State) ILL.

DATE REC'D BY LOCAL REG. 4-18-1951
REGISTRAR'S SIGNATURE 44 C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE Leo. Bader Dir. Genevieve Mo. — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 23 1951
DISTRICT HEALTH OFFICE No. 6
No.....

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 Virgil H. Welch

Signed.....
Student Embalmer

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.