

FILED AUG 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26250**
Registrar's No. **753**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

I. PLACE OF DEATH
a. COUNTY **Butler**
b. CITY OR TOWN **Poplar Bluff**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Poplar Bluff Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Mississippi**
c. CITY OR TOWN **Charleston**
d. STREET ADDRESS **512 West Cleveland**

3. NAME OF DECEASED
a. (First) **Walter** b. (Middle) _____ c. (Last) **Layton**
4. DATE OF DEATH **July 31, 1951**

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** Married
8. DATE OF BIRTH Nov. 14, 1906 **9. AGE** 44 years 8 months 17 days

10a. USUAL OCCUPATION Taxi Operator **10b. KIND OF BUSINESS OR INDUSTRY** _____
11. BIRTHPLACE Stoddard County, Mo. **12. CITIZEN OF WHAT COUNTRY?** U. S.

13a. FATHER'S NAME Jim Layton **13b. MOTHER'S MAIDEN NAME** Bertha Stafford **14. NAME OF HUSBAND OR WIFE** Carmen Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no **16. SOCIAL SECURITY NO.** - - - - **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Carmen Layton, Charleston, Mo. **ADDRESS** _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Peritonitis**
ANTECEDENT CAUSES **Ruptured Peptic Ulcer**
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. **5400**

19a. DATE OF OPERATION 19 July 51 **19b. MAJOR FINDINGS OF OPERATION** Generalized Peritonitis Severe **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) _____ **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 18 July, 1951, to 31 July, 1951, that I last saw the deceased alive on 31 July, 1951, and that death occurred at 2:30 Pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **23b. ADDRESS** **23c. DATE SIGNED**

24. BURIAL, CREMATION, REMOVAL Burial **24b. DATE** 8-2-51 **24c. NAME OF CEMETERY OR CREMATORY** Walker **24d. LOCATION** Near Bloomfield, Mo.

DATE REC'D BY LOCAL REG. Aug 18-1951 **REGISTRAR'S SIGNATURE** Wm. H. Johnson **428** **25. FUNERAL DIRECTOR'S SIGNATURE** Strickland-Rainey **ADDRESS** Dexter, Mo.

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

RECEIVED

BUTLER CO. HEALTH CENTER
AUG 22 1951
FILE No. 851-377

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.....
Student Embalmer

Signed

J. E. Stuckert
.....
Licensed Embalmer No. 3479

P. O. Address. *West Md*

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.