No. 300 FILED MAY 12 1952
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12190

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BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Braymer
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City limits

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Braymer 0130
d. STREET ADDRESS (If rural, give location): Main st. 0

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): ELBERT
c. (Last): LAYTON

4. DATE OF DEATH (Month) (Day) (Year): April 22, '52

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Feb. 18, 1873
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Caldwell Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Wesley Layton
13b. MOTHER'S MAIDEN NAME: Emily Jane Wells
14. NAME OF HUSBAND OR WIFE: Emma Sturwoldt Layton

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 / ADDRESS: Mrs. Emma Layton Braymer, Mo.

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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — many years
DUE TO (c): Generalized Arteriosclerosis — many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Rheumatoid Arthritis — many years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 332X
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* Nov. 1, 1947, *to* Apr. 22, 1952, *that I last saw the deceased alive on* Apr. 22, 1952, *and that death occurred at* 4:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. E. Goldberg M.D.
23b. ADDRESS: Braymer, Mo.
23c. DATE SIGNED: 4/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 4/25/1952
24c. NAME OF CEMETERY OR CREMATORY: Evergreen cemetery
24d. LOCATION (City, town, or county) (State): Braymer, Mo.

DATE REC'D BY LOCAL REG.: 5-8-52
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones 373-1
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gene C. Michael, Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.