

REC'D AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25167

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4246</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> <u>0700</u> <u>3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Los Angeles</u> b. COUNTY <u>Calif</u> <u>R 1411</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) _____		d. STREET ADDRESS (If rural, give location) <u>3142 Drew St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash R.R. Tracks</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>XXXXXX</u>		c. (Last) <u>Layns</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-22-52</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>Un Known</u>	
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Mins. _____		9. AGE (In years last birthday) <u>20</u> <u>appearant</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Un Known</u> <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>Un Known</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Un Known</u>		14. NAME OF HUSBAND OR WIFE <u>No</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dolories Miland Los Angeles Cal</u>			
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Traumatic Injuries</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Being run over by Wabash train #17</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Disemburment - legs & arms</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, building, etc.) <u>Rail Road tracks</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montgomery City Montg. Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 22 1952 1:18 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lying ON TRACK - RAN OVER by Train</u>			
22. I hereby certify that I attended the deceased from <u>7/22 1952</u> to _____, 19____, that I first saw the deceased alive on _____, 19____, and that death occurred at <u>1:18 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clément W. Summit DDS</u> (Degree or title) <u>Crowner 3</u>				23b. ADDRESS <u>Montgomery City Mo</u>		23c. DATE SIGNED <u>7/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-29-52</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Lewis</u> ADDRESS <u>Montgomery City Mo</u>			

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

APR 27 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Preserved embalmed by me, or by en. J. K. 26 day July 1952 Student Embalmer No. _____ working under my personal supervision.

Student Student Embalmer

Signed [Signature] Licensed Embalmer No. 7457 P. O. Address [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.