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RN-3761

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8967

State File No.

BIRTH NO. APR 9 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 142

S. No. 300
V. 10.48

0124
C

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff,		c. LENGTH OF STAY (in this place) 24 days	
c. CITY (If outside corporate limits, write RURAL and give township) Vanduser		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			
3. NAME OF DECEASED a. (First) ALBERT b. (Middle) GEORGE c. (Last) LAYTON			4. DATE OF DEATH (Month) (Day) (Year) March 20, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 26, 1897
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster	
11. BIRTHPLACE (City and State or Foreign Country) Vanduser, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Layton		13b. MOTHER'S MAIDEN NAME Lena Dorffer	
14. NAME OF HUSBAND OR WIFE Mabel Layton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
16. SOCIAL SECURITY NO. 491-16-1445		17. INFORMANT'S SIGNATURE OR NAME VA Hospital, Poplar Bluff, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct, acute ANTECEDENT CAUSES DUE TO (b) Hypertensive cardiovascular disease <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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)		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 February 21/49 53 , to March 20, 1953 , and that death occurred at 6:30a m. , from the causes and on the date stated above.			
23a. SIGNATURE Harry Price HARRY J. PRICE, M.D., Chief, Medical Service, VA Hospital, Poplar Bluff, Mo. 3-20-53		23b. ADDRESS	
23c. DATE SIGNED		24a. NAME OF CEMETERY OR CREMATORY OLD CITY	
24b. DATE 3-22-53		24c. LOCATION (City, town, or county) (State) MORLEY MO	
DATE REC'D BY LOCAL REG. 3-20-53		REGISTRAR'S SIGNATURE Wm. H. Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home - Sikeston Mo		ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED
MAR 7 1953
BUTLER CO. HEALTH CENTER
FILE No. 453-176

APR 9 1953

APR 10 1953

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.