

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14667

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6198</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CASS Twp.</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CASS Twp.</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>SIMMONS, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANNIE</u>		b. (Middle) <u>MARIA</u>		c. (Last) <u>LAYSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 25-1954</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 16, 1894</u>	
9. AGE (In years last birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>DENTON CO., TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN EVANS</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE HUTTON</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN LAYSON (DEG)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>WILLARD BRANNON, SIMMONS</u>			
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) <u>Hypostatic pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart failure</u> DUE TO (c) <u>Generalized arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Grav. of full bladder.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>8 mo.</u> <u>5 yrs.</u> <u>1 yr.</u>	
19a. DATE OF OPERATION <u>9/16/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stenotic; Cholelithiasis - Duodenal Stricture</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (Min.)		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 <u>Oct 1, 1953</u> , to <u>4/24, 1954</u> , that I last saw the deceased alive on <u>4/23, 1954</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm B Kelly, M.D.</u>				23b. ADDRESS <u>Houston Mo.</u>		23c. DATE SIGNED <u>4/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CABOOK CEMET.</u>		24d. LOCATION (City, town, or county) (State) <u>CABOOK, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-27-54</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		328-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott - Sentry, F.H., Cabool,</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1954

**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.

Signed.....  
Student Embalmer

Signed *James L. Gentry*  
Licensed Embalmer No. *2718*

P. O. Address *Calool, Ma.*

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.