

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5354

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Joplin Twp.</u>		c. LENGTH OF STAY (in this place) <u>11 YEARS</u>	c. CITY OR TOWN <u>RT # 4 CARTHAGE</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RURAL</u>		STREET ADDRESS (If rural, give location) <u>RURAL 0490</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MERRY</u>	b. (Middle) <u>DEAN</u>	c. (Last) <u>LAYTHROP</u>	(Month) <u>MARCH</u>	(Day) <u>4</u>	(Year) <u>1955</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOVEMBER 3, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u>1</u>	Hours <u></u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WISCONSIN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>HERMAN DEAN</u>	13b. MOTHER'S MAIDEN NAME <u>CLARINDA BAILEY</u>	14. NAME OF HUSBAND OR WIFE <u>NORMAN RICHARD LAYTHROP</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NORMAN RICHARD LAYTHROP</u>	ADDRESS <u>RT # CARTHAGE, MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leucemia of Stomach</u> <u>(Surgery at Ellis Island Jan 55)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb, 1955, to March 4, 1955, that I last saw the deceased alive on Mar 4, 1955 and that death occurred at 6:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Everlight M.D.</u> (Degree or title)	23b. ADDRESS <u>222 N. 5th Webb City, Mo</u>	23c. DATE SIGNED <u>3-5-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-6-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARL JUNCTION CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CARL JUNCTION MO</u>
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DATE REC'D BY LOCAL REG. <u>3-6-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	4747.0	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE LEWIS FUNERAL HOME</u>	ADDRESS <u>WEBB CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed ..... MAR 14 1965

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.....  
Signature of Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. *44*

P. O. Address *Webb*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.