

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37167

State File No.

FILED NOV 23 1955

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown</u>	c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY OR TOWN <u>Raytown</u>	Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Raytown + Curtis Bldg</u>		e. STREET ADDRESS (if rural, give location) <u>Raytown + Curtis Bldg 1005</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carter</u>	b. (Middle) <u>Elston</u>	c. (Last) <u>Layton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 11, 1880</u>	9. AGE (In years last birthday) <u>75-9</u>	IF UNDER 1 YEAR Months <u>2</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work while during most of working life, as if retired) <u>Ret. Swedishman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>James W. Layton</u>	13b. MOTHER'S MAIDEN NAME <u>Belle bne</u>	14. NAME OF HUSBAND OR WIFE <u>Lola J. Layton</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>Lola J. Layton</u>	ADDRESS <u>Raytown 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive CV Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General aged arterial sclerosis</u>			<u>15 yrs.</u>
	DUE TO (c) <u>Cerebral Vess Accident</u>			<u>7 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443x</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Sept, 1951, to Nov, 1955, that I last saw the deceased alive on Nov 12, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Binger</u> (Degree or title) <u>md</u>	23b. ADDRESS <u>Raytown, Mo</u>	23c. DATE SIGNED <u>11/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (By what?) <u>Burial</u>	24b. DATE <u>Nov 15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-15-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson H. Kopy</u>	ADDRESS <u>Raytown Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1938

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 *Wifon L. Tepler*.....

Licensed Embalmer No. *42*.....

P. O. Address *Raytown*.....

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.