No. 300
10.48

FILED OCT 5 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31401

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 329

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1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Philadelphia
d. STREET ADDRESS (If rural, give location): 0640

3. NAME OF DECEASED (Type or Print): a. (First) Leonard b. (Middle) Edward c. (Last) Layton

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1956

5. SEX: M
6. COLOR OR RACE: wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 9, 1879
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 9, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Lewis Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert W. Layton
13b. MOTHER'S MAIDEN NAME: Elizabeth Jennings
14. NAME OF HUSBAND OR WIFE: Mollie F. Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Philadelphia **ADDRESS**: Marie E. Layton Butler

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio vascular renal disease
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
442x
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1956, *to* 16 Sept, 1956, *that I last saw the deceased alive on* 16 Sept, 1956, *and that death occurred at* 9:35 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wyeth Hamlin M.D.
23b. ADDRESS: Palmyra Mo.
23c. DATE SIGNED: 9/22/56

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: Sept. 19, '56
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Philadelphia
24d. LOCATION (City, town, or county) (State): Philadelphia, Mo.

DATE REC'D BY LOCAL REG.: 9-27-56
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Feaster Garner, Lynn S. Feaster
ADDRESS: Philadelphia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

39-0

RECEIVED OCT 3 1956
MARION CO. HEALTH DEPT.
DATE FILED OCT 3 1956

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed [illegible]

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Marion City

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.