

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035206
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 76

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clarence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clarence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Charles Wesley Layne			4. DATE OF DEATH Month Sept Day 22nd Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 28th 1884	9. AGE (In years) Last birthday 73 Months 8 Days 24 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Shelby Co Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME George W Layne		13b. MOTHER'S MAIDEN NAME Lucy A Webdell	
14. NAME OF HUSBAND OR WIFE Ula Layne		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-14-2117	
17. INFORMANT Mrs Ula Layne		Address Clarence Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic cardiovascular Renal Heart Disease DUE TO (c) 4201	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 hours 2 years		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clarence		COUNTY Mo STATE 	
21. I attended the deceased from April, 1951 to Sept. 22, 1958 and last saw him alive on Sept. 22, 1958 Death occurred at P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. B. Edrington D.O.			22b. ADDRESS Clarence, Mo		22c. DATE SIGNED 9-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/25/58	23c. NAME OF CEMETERY OR CREMATORY Maplewood		23d. LOCATION (City, town, or county) (State) Clarence Mo
24. FUNERAL DIRECTOR Barkelaw & Davis		ADDRESS Shelbina Mo		25. DATE RECD. BY LOCAL REG. 9-27-58	26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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OCT 28 1958

OCT 3 1958

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 *Henry A. Barkley*
Licensed Embalmer No. 3835
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.