

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040739

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 402

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Hannibal</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hannibal</u> <u>0644</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering</u> Length of stay in 1b <u>Life</u>		d. STREET ADDRESS <u>408 N. 5th. St.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Eddie E. Layne</u> First Middle Last			4. DATE OF DEATH <u>Dec. 4 1958</u> Month Day Year			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> / NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 24. 1868</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unk.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unk.</u>	11. BIRTHPLACE (City and state or country) <u>Lexington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Unk.</u>			14. MOTHER'S MAIDEN NAME <u>Unk.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Unk.</u>		16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT <u>Mrs. Eddie Layne</u> Address <u>408 N. 5th. St.</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>1 1/2 hr</u> <u>9160</u> <u>16</u>
DUE TO (b) <u>3° Burns of 80% of skin</u>		
DUE TO (c) <u>cruppled</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input checked="" 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.) <u>Wheel chair patent, alone in home, smoked, rough caught fire.</u>	
20c. TIME OF INJURY <u>2:30 p.m.</u> Hour Month, Day, Year <u>12 4 58</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>
20f. CITY, TOWN, OR LOCATION <u>Hannibal</u> COUNTY <u>Marion</u> STATE <u>Mo</u>		21. I attended the deceased from <u>4:00 p</u> to <u>4:00 p</u> and last saw her/him alive on <u>12/4/58</u> Death occurred at <u>4:00 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) <u>Henry H Sweet Jr MD Coroner 3</u>		22b. ADDRESS <u>Hannibal Mo</u>
22c. DATE SIGNED <u>12/4/58</u>		

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sat. Dec. 6th. 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOPE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HANNIBAL MISSOURI</u>
24. FUNERAL DIRECTOR <u>Jack Schmidt Hannibal, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-9-1958</u>	26. REGISTRAR'S SIGNATURE <u>Chas M. Luckey by W.C. Fisher</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DEC 9 1958
MARION CO. HEALTH DEPT.
DATE FILED DEC 9 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.....

Licensed Embalmer.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.