

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012963
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 459

FILED MAY 11 1959

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u> <u>0396</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>1450 E. Kearney</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>1450 E. Kearney</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES EVERETT LAYTON</u>			4. DATE OF DEATH Month Day Year <u>May 7, 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 19, 1918</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Night watchman</u>	11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard Layton</u>	
13b. MOTHER'S MAIDEN NAME <u>Mildred Jones</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW #2</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>James E. Layton, Springfield, Mo.</u>		Address	
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>Probable Suffocation</u> DUE TO (b) <u>fire in his Trailer Home</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>9160</u> <u>16</u>			INTERVAL BETWEEN ONSET AND DEATH
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>He was found by City Firemen on floor of his burned out trailer home. He was burned over his entire body and dead when found.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>May 7, 1959</u>		20f. CITY, TOWN, OR LOCATION <u>133 COUNTY</u> <u>SPRINGFIELD, GREENE MISSOURI</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>IN TRAILOR HOME</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>Floro x 4:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph H. Thieme</u> <u>Greene County</u> <u>Coroner</u>		22b. ADDRESS <u>Springfield, Missouri</u>	
22c. DATE SIGNED <u>8 May 1959</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12 MAY 59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>	
24. FUNERAL DIRECTOR <u>Ralph Thieme, Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-8-59</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>			

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

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 Harold Futrell, Student Embalmer No. 571 working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lee Mason

No arterial injection

Licensed Embalmer No. 4568.....
P. O. Address Springfield.....

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.