

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039762

FILED VS DEC 8 1959

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 152

RENDERED

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| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u> | | Length of stay in 1b <u>70 yrs</u> | c. CITY OR TOWN <u>Bethany</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>Reid Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>West Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Lura</u> Middle <u>Gray</u> Last <u>Layson</u> | | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>29</u> Year <u>1959</u> | | | |
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|----------------------|-------------------------------|--|-------------------------------------|----------------------------------|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug 25 1884</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and state or country) <u>Belton, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Wallace W. Helton</u> | 13b. MOTHER'S MAIDEN NAME <u>Ibbie J. Gray</u> | 14. NAME OF HUSBAND OR WIFE <u>Bert L. Layson Deceased</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 <u>Mrs Janet Walker</u> Address <u>7109 Walrand Kansas City, Mo.</u> |
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| 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>Acute Myocardial Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
| DUE TO (b) <u>Broncho-pneumonia; (Bilateral)</u> | | <u>2 days</u> |
| DUE TO (c) <u>Arteriosclerotic Heart Disease</u> | | <u>15 years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ----- | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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|---|--|---|--------------------------|
| 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>8/3/53</u> | 20f. CITY, TOWN, OR LOCATION <u>Bethany, Missouri</u> | COUNTY _____ STATE _____ |
|---|--|---|--------------------------|

21. I attended the deceased from 8/3/53 to 11/29/59 and last saw her/him alive on 11/29/59
Death occurred at 4:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Lura Layson</u> (Degree or title) <u>D.O.</u> | 22b. ADDRESS <u>Bethany, Missouri</u> | 22c. DATE SIGNED <u>11/30/59</u> |
|---|---------------------------------------|----------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-1-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Bethany, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>W. Henry Noble</u> ADDRESS <u>Bethany, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>11-30-1959</u> | 26. REGISTRAR'S SIGNATURE <u>Gella Mayey</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
OCT 23 1960

MS
OCT 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, 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.