

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 29 1959

'59 0 4 4 5 4 6  
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 250

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sarsawie</u>		Length of stay in 1b <u>59 yrs</u>	c. CITY OR TOWN <u>Sarsawie</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Name</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Mo R7D1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Charley E.</u> Middle <u>Laylor</u> Last <u>Laylor</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>21</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-28-96</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Weight Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Linn Co, Mo</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. FATHER'S NAME <u>Geo Laylor</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Laylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 2</u>		16. SOCIAL SECURITY NO. <u>481-36-3357</u>	17. INFORMANT Name <u>Lela Laylor</u> Address <u>Sarsawie Mo</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>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
DUE TO (b) <u>arteriosclerosis</u>		DUE TO (c) <u>  </u>
DUE TO (c) <u>  </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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>	20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE

21. I attended the deceased from 2 Dec 1959 to 20 Dec 1959 and last saw him alive on 2 Dec 59  
Death occurred at 3 AM 21 Dec 59 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Henry Simmons M.D.</u> (Degree or title)		22b. ADDRESS <u>Sarsawie, Mo</u>		22c. DATE SIGNED <u>22 Dec 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarsawie Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Sarsawie Mo</u>	
24. FUNERAL DIRECTOR <u>Jackson Sons Sarsawie Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-23-59</u>	26. REGISTRAR'S SIGNATURE <u>Elly Clutter</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Wm H Jackson

Licensed Embalmer No. 3954

P. O. Address Sarasota

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.