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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO. | | Length of stay in 1b 2 days | c. CITY OR TOWN MADISON |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. A.D.M. HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) GRENZER HOMES-APT. 6 |
| 3. NAME OF DECEASED (Type or print) First CLAUDE Middle B. Last LAYMAN | | 4. DATE OF DEATH Month FEBRUARY Day 3 Year 1960 | |

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| 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 9/23/11 | 9. AGE (last birthday) 48 | IF UNDER 1 YEAR Months 4 Days 10 | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONFECTIONARY OWNER | | 10b. KIND OF BUSINESS OR INDUSTRY self-employed | 11. BIRTHPLACE (City and state or country) JONESBORO, ARKANSAS | | 12. CITIZEN OF WHAT COUNTRY USA | |

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| 13a. FATHER'S NAME WILLIAM LAYMAN | | 13b. MOTHER'S MAIDEN NAME GUSTIE SPARKS | | 14. NAME OF HUSBAND OR WIFE RUTH LAYMAN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2 | | 16. SOCIAL SECURITY NO. 342-05-5876 | | 17. INFORMANT Madison, Ill. Ruth Layman, Grenzer Homes, Apt. 6. | |

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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: | | | INTERVAL BETWEEN ONSET AND DEATH 48 HOURS |
| IMMEDIATE CAUSE (a) MARKED CONGESTION AND PULMONARY EDEMA | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) DIFFUSE PERICARDITIS | | UNKNOWN |
| | DUE TO (c) 434.3 | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) EMPHYSEMA ? PNEUMONIA | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ 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 type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION VAH, ST. LOUIS, MO. | COUNTY _____ STATE _____ |
| 21. I attended the deceased from 2/1/60 to 2/3/60 and last saw her him alive on 2/3/60 Death occurred at 6:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE (Degree or title) Remond J. Sakey M.D. | | 22b. ADDRESS VAH, ST. LOUIS, MO. | | 22c. DATE SIGNED 2/3/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 2/3/60 | 23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery | 23d. LOCATION (City, town, or county) (State) Granite City, Illinois | |
| 24. FUNERAL DIRECTOR Remond J. Sakey Madison | ADDRESS | 25. DATE RECD. BY LOCAL REG. FEB 4 1960 | REGISTRAR'S SIGNATURE Head Smith M.D. | |

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 _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. La

Licensed Embalmer No. 279

P. O. Address Madison

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.