

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041135

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5868

STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
BY AFFIDAVIT OF  
ITEM NO.  
SHOULD READ

**FILED DEC 11 1961**

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 20 YEARS  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 3410 ROBERTS AVENUE Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
ROBERT DEWEY LAYSON  
4. DATE OF DEATH Month Day Year 11 - 23 - 61

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 5/30/30 9. AGE (last birthday) 31 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXTERMINATOR  
10b. KIND OF BUSINESS OR INDUSTRY FOR SELF  
11. BIRTHPLACE (City and state or country) GOODLAND, KANSAS  
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME CARL DEWEY LAYSON 13b. MOTHER'S MAIDEN NAME MAGGIE BRASSFIELD 14. NAME OF HUSBAND OR WIFE ELIZABETH JEAN LAYSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service: -----)  
16. SOCIAL SECURITY NO. ----- 17. INFORMANT ELIZABETH JEAN LAYSON - KANSAS CITY MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) urania; secondary diabetes  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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 \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 11-7-61 to 11-23-61 and last saw her alive on 11-23-61  
Death occurred at 3:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 11-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE NOV. 25, 1961 23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 11-23-61 26. REGISTRAR'S SIGNATURE Ruth Long

**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 Ben J. Kocera

Licensed Embalmer No. 4724

P. O. Address Ac Me

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.