

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41265

State File No.

FILED DEC 17 1956

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4213 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montrose, Rural		c. CITY OR TOWN Montrose, R#1	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 88yrs.		e. STREET ADDRESS (If rural, give location) Bear Creek Townshin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Home - Bear Creek Twp.			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGIAN	b. (Middle) GENEVIA	c. (Last) LAYMAN	4. DATE OF DEATH Dec. 9, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 14, 1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 8 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Henry Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Nicholas Erhart	13b. MOTHER'S MAIDEN NAME Malvina Coffelt	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Roberts, Montrose, Mo. RFD#1	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 450.0		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10:29, to Dec 9, 1956, that I last saw the deceased alive on Dec 9, 1956, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE W.E. Baggerly MD (Degree or title)	23b. ADDRESS Montrose Mo	23c. DATE SIGNED 12-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 13, 1956	24c. NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery	24d. LOCATION (City, town, or county) (State) Montrose, Mo. Rural
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DATE REC'D BY LOCAL REG. 12-12-56	REGISTRAR'S SIGNATURE Mildred Bigum	25. FUNERAL DIRECTOR'S SIGNATURE W.A. Hausack, Clinton, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *H. A. Vansant*

Licensed Embalmer No. *3778*.....

P. O. Address *Clinton*.....

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.