

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4707

423

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5562 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bear Creek Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bear Creek Prop</u>	
c. LENGTH OF STAY (in this place) <u>2.5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles North &amp; East Montrose</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi. North &amp; East Montrose</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles North &amp; East Montrose</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>R</u> c. (Last) <u>Layman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10 January 1860</u>
9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. PLACE OF BIRTH (State or foreign country) <u>Troy Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Layman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Conder</u>	
14. NAME OF DECEASED'S WIFE <u>Georgia Layman</u>		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'S SIGNATURE OR NAME <u>Nick Layman</u>	
17. ADDRESS <u>Piquette Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute myocardiosis</u>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardiosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		10 yrs.	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>1-8</u> , <u>1946</u> to <u>2-13</u> , <u>1949</u> , that I last saw the deceased alive on <u>2-13</u> , <u>1949</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Baggerly MD</u>		23b. ADDRESS <u>Montrose Mo</u>	
23c. DATE SIGNED <u>2-19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>21 Feb 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 21-49</u>		REGISTRAR'S SIGNATURE <u>R.R. Kennedy</u>	
120		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman &amp; Jennings</u>	
ADDRESS <u>Clinton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 7,  
District File Number 2-49-162  
Date Filed 3-2-49

1949

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 \_\_\_\_\_

Robert L Dunning

Student Embalmer No. 3682

working under my personal supervision.

Student Robert L Dunning  
Student Embalmer

Signed

J A Housey

Licensed Embalmer No. 3602

P. O. Address Calhoun Md

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 this body is not embalmed, fact should be so stated above.