Health, Welfare Public Service

300
1-56

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37405
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 347

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 424 E. Ashley St — Length of stay in Ib one years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City 026 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 424 E. Ashley St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First KENNETH Middle LAYTON Last FOUTS
4. DATE OF DEATH Month Nov Day 30th Year '56
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 14th 1903
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR: Months 4 Days 16 — IF UNDER 24 HRS.: Hours – Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Area Supervisor
10b. KIND OF BUSINESS OR INDUSTRY Employment Security
11. BIRTHPLACE (City and state or country) Atchison, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alfred Fouts
14. MOTHER'S MAIDEN NAME Evelyn Mills
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Blackmore-Davis Funeral Home — Address Trenton Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary thrombosis — Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0
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 Oct 3 '56 to Nov 30 '56 and last saw him alive on Nov 17 '56
Death occurred at about 6:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl L. Loyd M.D. (Degree or title)
22b. ADDRESS Jeff City Mo
22c. DATE SIGNED 12-1-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE December 3rd '56
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
23d. LOCATION (City, town, or county) Trenton, (State) Missouri

24. FUNERAL DIRECTOR Tanner Funeral Home — ADDRESS Jefferson City Mo
25. DATE RECD. BY LOCAL REG. 1 Dec 1956
26. REGISTRAR'S SIGNATURE P. P. Norris M.D. - M.R.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald P. Freeman
Donald P. Freeman

Licensed Embalmer No.....46

P. O. Address Jefferson Ci
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.