

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11904

State File No.

Dr. Taylor
FILED MAY 11 1949

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 5303		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) Rural--Jefferson Twn				c. CITY (If outside corporate limits, write RURAL and give township) Rural--Jefferson Twnshp			
c. LENGTH OF STAY (in this place) 50yrs				d. STREET ADDRESS (If rural, give location) R.F.D.#1, Jefferson City, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#1, Jefferson City, Mo				e. STREET ADDRESS (If rural, give location) R.F.D.#1, Jefferson City, Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) Rose		b. (Middle) Jane		c. (Last) Handley	
4. DATE OF DEATH		(Month) May		(Day) 2		(Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March-14-72		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Camden County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James B. Gilbreth		13b. MOTHER'S MAIDEN NAME Rebecca Ann Maus		14. NAME OF HUSBAND OR WIFE Charles D. Handley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME C.D. Handley, Jefferson City, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease 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. Permanant anaemia				INTERVAL BETWEEN ONSET AND DEATH years	
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) 443X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June , 1946, to May 2 , 1949, that I last saw the deceased alive on May 2 , 1949, and that death occurred at 5:00 p.m. , from the causes and on the date stated above.							
23. SIGNATURE Dr. Taylor				(Degree or title) M.D.		23b. ADDRESS Jefferson City	
23c. DATE SIGNED 5-2-49							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May-4-1949		24c. NAME OF CEMETERY OR CREMATORY River View Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. May 4-49		REGISTRAR'S SIGNATURE R.P. Davis		25. FUNERAL DIRECTOR'S SIGNATURE W.B. R. Corp. J. Gordon			
				ADDRESS Jefferson City, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

26
0
0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed

MAY 10 1949

OCT 27 1954

OCT 27 1954

JUN 29 1954

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.

Signed _____
Student Embalmer

Signed

Licensed Embalmer No. 1786

P. O. Address

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.