

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8711
851

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>9 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Labaside Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> <u>0484</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> d. STREET ADDRESS (If rural, give location) <u>1019 E Truman Rd</u>			
3. NAME OF DECEASED (Type or Print) <u>Lula ANN Handley</u>		a. (First) <u>Lula</u> b. (Middle) <u>ANN</u> c. (Last) <u>Handley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1950</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Feb. 23, 1880</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H W F</u>		11. BIRTHPLACE (State or foreign country) <u>Or-rick Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred S. OFFUTT</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Handley</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph M Handley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lula B George</u> ADDRESS <u>Yakima Wash</u>			
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Rt femur 9 days</u> DUE TO (c) <u>with traumatic illness</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis agitans</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>120</u> <u>E 9035</u> <u>20</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1019 E Truman Rd Indep Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-15-50</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on 1st floor</u>		22. I hereby certify that I attended the deceased from <u>Feb 15, 1950</u> , to <u>Feb 23, 1950</u> , that I last saw the deceased alive on <u>Feb 23, 1950</u> , and that death occurred at <u>3:40 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. L. Fletcher</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>922 W 24th KC Mo</u>		23c. DATE SIGNED <u>2-23-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Or-rick, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-24-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home, Richmond, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed _____

William L. Thurman

Licensed Embalmer No. *4563*

P. O. Address _____

Richmond, Mo.

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.