

FILED JUL 1 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 20911

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>211</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 1609 Bird</u>				d. STREET ADDRESS (If rural, give location) <u>1609 Bird</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>David</u>		b. (Middle) <u>Cruse</u>		c. (Last) <u>Handley</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>March 3, 1883</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby County Missouri</u>	
13a. FATHER'S NAME <u>David C. Handley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Owen</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie B. True Handley</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Thomas Hannibal, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
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 <u>Jan</u> , 19 <u>50</u> , to <u>25 June</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>24 June</u> , 19 <u>50</u> , and that death occurred at <u>5:20 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. J. Keller</u> (Degree or title) <u>U.S.D.</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>June 27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/27/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Jude's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-27-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNDAL DIRECTOR'S SIGNATURE <u>W. E. Crawford</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED JUN 29 1950  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 29 1950

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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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*John S. Stahl*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.