

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

29413

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 17

0100  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Cedar</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashland Mo. R.F.P.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cedar</u>	
d. STREET ADDRESS (If rural, give location) <u>Ashland Mo. R.F.P.</u>			
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Craighton</u> c. (Last) <u>Handrix</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 24 1950</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>June 10-1882</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. B. Handrix</u>		13b. MOTHER'S MAIDEN NAME <u>Catharine Laster</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie E. Handrix</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie E. Handrix</u> ADDRESS <u>Ashland 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL TERMINATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive intrathoraxial hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) <u>Lunchshot wound of chest</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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.) <u>Home on farm</u>	
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Ashland Boone Mo</u>			
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>covered a quest</u> , 19 <u>  </u> , to <u>  </u> , 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> , 19 <u>  </u> , and that death occurred at <u>  </u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry M. Griffith, M.D. Coronor</u>		23b. ADDRESS <u>Columbus Mo</u>	
23c. DATE SIGNED <u>9-28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-26-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Burnett</u>		ADDRESS <u>Ashland Mo</u>	

RECEIVED <sup>10-11-50</sup>  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 10-11-50

JUN 10 1950

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 Wm E Burnett

Licensed Embalmer No. 3564

P. O. Address Ashtland, 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.