

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12075

FILED APR 28 1951

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u> <u>0331</u>	
c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>West 6. th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West 6th St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Riley</u>	b. (Middle) <u>Sigal</u>	c. (Last) <u>Handcock</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 17, 1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar grove, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph J. Handcock</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hobson</u>	14. NAME OF HUSBAND OR WIFE <u>Manary E. Handcock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No ne</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Schaffer, Salem, Mo.</u>
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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 CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza Pneumonites</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause, last. DUE TO (b) _____ DUE TO (c) <u>480x</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility possible postulated</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Obstruction of Colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near town of Vernonia</u>	21c. TOWN OR TOWNSHIP (STATE) _____
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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?
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22. I hereby certify that I attended the deceased from April 10, 1951 to April 20, 1951, that I last saw the deceased alive on April 24, 1951, and that death occurred at 7:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph R. Burnett, D.O.</u>	23b. ADDRESS <u>Salem, Missouri</u>	23c. DATE SIGNED <u>4/21/51</u>
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	24b. DATE <u>4-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emery Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Texas County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-21-51</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M. O. by dr. also</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hobson & Grantham, Salem, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-46

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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 24 1951

RECEIVED

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 Michael C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.