

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27717**

BIRTH NO. **54524-57** REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **4353** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Lideon		c. CITY (If outside corporate limits, write RURAL and give township) Lideon	
c. LENGTH OF STAY (in this place) 11 hours		d. STREET ADDRESS (If rural, give location) R#1 Box 141	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hopkins clinic			
3. NAME OF DECEASED (Type or Print) a. (First) GLEND A b. (Middle) JO c. (Last) HANDLEY		4. DATE OF DEATH (Month) (Day) (Year) 8-21-51	
5. SEX female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child 11	8. DATE OF BIRTH 8-20-51
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Lideon Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willie James Handley		13b. MOTHER'S MAIDEN NAME Mattie Lee Ames		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. C. Handley	
				ADDRESS Lideon	

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) myocardial Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congenital Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11 hours	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7544		20. AUTOPSY? YES ☐ NO ☐	
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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-20, 1951**, to **8-21, 1951**, that I last saw the deceased alive on **8-21, 1951**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. S. Hopkins, M.D.		(Degree or title)		23b. ADDRESS Lideon, Mo.		23c. DATE SIGNED 9-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-22-51		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Blytheville, Arkansas	
DATE REC'D BY LOCAL REG. 8-22-51		REGISTRAR'S SIGNATURE Mrs. F. L. Hopkins		25. FUNERAL DIRECTOR'S SIGNATURE Wm. N. Stovall, Jr.		ADDRESS Blytheville, Ark.	

(Licensed Embalmer's Statement on Reverse Side) **Colb Funeral Home**

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

RECEIVED

AUG 25 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 H. Stovall, Jr.

Licensed Embalmer No. *4860*

P. O. Address *Blytheville, Arkansas*

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.