

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32417

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 283	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville			
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital				d. STREET ADDRESS (If rural, give location) 416 W. Hickory			
3. NAME OF DECEASED (Type or Print)		a. (First) Michael		b. (Middle) Leon		c. (Last) Handley	
4. DATE OF DEATH		(Month) Oct.		(Day) 18,		(Year) 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct. 17, 1951	
9. AGE (In years, last birthday) xxxx		10. MONTHS 0		11. DAYS 1		12. IF UNDER 1 YEAR, Hours 0 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Kirksville, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S. A.			
13a. FATHER'S NAME Paul Handley				13b. MOTHER'S MAIDEN NAME Elnora Danielson			
14. NAME OF HUSBAND OR WIFE X							
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. X			
17. INFORMANT'S SIGNATURE OR NAME Paul Handley, Kirksville, Mo.				ADDRESS			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 776 X			
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 Oct. 17, 1951 , to Oct. 18, 1951 , that I last saw the deceased alive on Oct. 18, 1951 , and that death occurred at 8:35 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Paul Handley (Degree or title) 2				23b. ADDRESS Kirksville, Mo.			
23c. DATE SIGNED 10/19/51							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 10/19/51			
24c. NAME OF CEMETERY OR CREMATORY Highland Park				24d. LOCATION (City, town, or county) (State) Kirksville, Mo.			
DATE REC'D BY LOCAL REG. 10-19-51				REGISTRAR'S SIGNATURE Kate Lambert			
25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley				ADDRESS Kirksville, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 2 2 1951
DISTRICT HEALTH OFFICE
District File Number 70-5
Date Filed: OCT 25 1951

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 _____

Licensed Embalmer No. 4690

P. O. Address Hillsville, 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.