

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33167

State File No.

0380

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5449 Registrar's No. 16

1. PLACE OF DEATH Farm Home a. COUNTY Gentry Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City Mo.R.R. 0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Handley		4. DATE OF DEATH (Month) (Day) (Year) 10.3.1951	
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 5.14.1870
9. AGE (In years last birthday) 81	10. MONTHS 4	11. DAYS 20	12. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Same	
11. BIRTHPLACE (State or foreign country) Gentry Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jas. Wm. Magee		13b. MOTHER'S MAIDEN NAME Julia Spearser		14. NAME OF HUSBAND OR WIFE William A. Handley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME T.J. Handley	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regurgitation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis</u> DUE TO (c) <u>Arterio Sclerosis</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH 9 yrs years	

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) (Min.)		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 Feb 19 to 10.3.1951, that I last saw the deceased alive on 9-29, 1951, and that death occurred at 4:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Handley</u> (Degree or title)		23b. ADDRESS King City Mo.		23c. DATE SIGNED 10.4.1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10.5.1951		24c. NAME OF CEMETERY OR CREMATORY St. Patricks	
24d. LOCATION (City, town, or county) Ford City Mo.		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Stagg</u> ADDRESS King City Mo.	

DATE REC'D BY LOCAL REG. Oct 12-51 REGISTRAR'S SIGNATURE Marion Williams 1462

(Licensed Embalmer's Statement on Reverse Side)

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



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 Embalmer No.

Signed _____

R. E. Tappan

Signed _____
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.