

FILED MAR 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5973**
REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **848**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 848	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 5521 PARK AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION KRESTWOODS HOSPITAL				3800			
3. NAME OF DECEASED (Type or Print) CHAUNCEY BURRIS		a. (First) CHAUNCEY		b. (Middle) BURRIS		c. (Last) HANDLEY	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		4. DATE OF DEATH (Month) (Day) (Year) FEB. 7 1953	
8. DATE OF BIRTH JULY 4 - 1886		9. AGE (In years last birthday) 66		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ORE MINER		10b. KIND OF BUSINESS OR INDUSTRY Mining	
11. BIRTHPLACE (City and State or Foreign Country) DUNLAP, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN W. HANDLEY		13b. MOTHER'S MAIDEN NAME LIBBY MILLIGAN	
14. NAME OF HUSBAND OR WIFE FLORENCE N. HANDLEY		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. 444-09-8342		17. INFORMANT'S SIGNATURE OR NAME Mrs. FLORENCE N. 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastro enteritis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Nephritis DUE TO (c) Chr. Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5 yrs 5 yrs 50 yrs	
19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION 4322		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PITTSBURG KANSAS			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NO			
22. I hereby certify that I attended the deceased from Feb 3, 1953 to Feb 7, 1953 that I last saw the deceased alive on Feb 7, 1953 and that death occurred at 2:05 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE M. B. Casebolt		23b. ADDRESS 4000 Baltimore Rd		23c. DATE SIGNED 2/8/53			
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE FEB 10 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) PITTSBURG KANSAS	
DATE REC'D BY LOCAL REG. 2-9-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMERS SONS			
				ADDRESS KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

GROUP

10 to Eagle Butcher Co.
Butcher, Okla.

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 *Elmer Thomas*

Licensed Embalmer No. *2640*

P. O. Address *Kansas 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.