

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20971

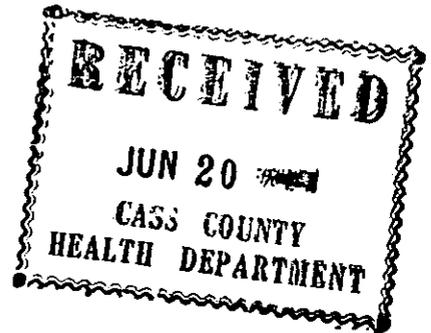
State File No.

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

90

FILED JUN 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>59</u>	PRIMARY REG. DIST. NO. <u>4099</u>	Registrar's No. <u>93</u>
1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>PLEASANT HILL</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUISNESS DISTRICT</u>		d. STREET ADDRESS (If rural, give location) <u>316n McKessick</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>REUBEN</u>		b. (Middle) <u>PAUL</u>		c. (Last) <u>HANDY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>6-6-1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-8-1914</u>	9. AGE (In years last birthday) <u>38</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOUR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>		11. BIRTHPLACE (State or foreign country) <u>PLEASANT HILL? MO. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.* A</u>				
13a. FATHER'S NAME <u>PAUL HANDY</u>		13b. MOTHER'S MAIDEN NAME <u>PEARL MONDAY</u>		14. NAME OF HUSBAND OR WIFE <u>MAURINE HANDY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maurine Handy Pleasant Hill, MO.</u>
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) <u>Gun shot wound through spinal column at 10th thoracic by police officer.</u> INTERVAL BETWEEN ONSET AND DEATH, _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>officers.</u> 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 <u>984x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>justice folks</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pleasant Hill Cass. Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 6 1953 9pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot by officer resisting arrest.</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 p m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>L.V. Murray M.D. Coroner</u>		23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>June 9 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL Cem</u>
24d. LOCATION (City, town, or county) (State) <u>PLEASANT HILL, MO</u>				
DATE REC'D BY LOCAL REG. <u>June 15 1953</u>		REGISTRAR'S SIGNATURE <u>Nora Barriar Allen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brewer's Field Pleasant Hill, Mo</u>



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 Allen W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, 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.