

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37737

State File No. \_\_\_\_\_

FILED NOV 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 546

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 MO &amp; 8 DA.</b>		e. STREET ADDRESS (If rural, give location) <b>320 MOFFET AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOPLIN GENERAL HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRED</b>	b. (Middle) <b>R.</b>	c. (Last) <b>HANDY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 14, 1954</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 31, 1868</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-SALESMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DENTAL SUPPLIES</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SEEKONK, N. Y.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CHARLES HANDY</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA ARMINGTON</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS JOHANNA MCMECHAN, RT 2, JOPLIN, MO</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>6 wks.</b>  <b>unknown</b>
	ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>myocardial infarction</b>  DUE TO (c) <b>coronary occlusion</b>		
	II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death. <b>generalized arteriosclerosis</b>		

19a. DATE OF OPERATION <b>9-14-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Transurethral resection</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 9-8-54, 19  , to 11-14-54, 19  , that I last saw the deceased alive on 9-14-54, 19  , and that death occurred at 9:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>Dr.</b>	23b. ADDRESS <b>201 1/2 W. 4th St. Joplin, Mo.</b>	23c. DATE SIGNED <b>11-17-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-16-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT HOPE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>11-19-54</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number  
Date Filed  
NOV 24 1954

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 .....  
Signature of Student Embalmer

Signed *F. M. Jones* .....

Licensed Embalmer No. *231*

P. O. Address *Joplin* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.