

No. 300
10.48

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40975**
Registrar's No. **5968**

BIRTH NO. **5150** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 26 Fe	c. CITY OR TOWN Kansas City, No.
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		No. STREET ADDRESS (If rural, give location) 507 1/2 5020 N. Lister	

3. NAME OF DECEASED (Type or Print) a. (First) Perry	b. (Middle) D.	c. (Last) Handy, Jr.	4. DATE OF DEATH (Month) (Day) (Year) 12 29 1954
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH MAY 26, 1953	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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 (City and State or Foreign Country) KANSAS CITY MO	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME PERRY D. HANDY	13b. MOTHER'S MAIDEN NAME CAROL COBB	14. NAME OF HUSBAND OR WIFE
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CAROL HANDY 5020 N. LISTER
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral hemorrhagic bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chicken pox DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		087X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **Dec. 29, 1954**, to **Dec. 29, 1954**, that I last saw the deceased alive on **Dec. 29, 1954**, and that death occurred at **9:30A. m.**, from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 12-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-31-54	24c. NAME OF CEMETERY OR CREMATORY White Chapel	24d. LOCATION (City, town, or county) (State) CLAY Co. MO.
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DATE REC'D BY LOCAL REG. 12-29-54	REGISTRAR'S SIGNATURE Neve Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcome N. K.C. Mo.
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Glen D. Hill*

Licensed Embalmer No... 45

P. O. Address... R. C. 16

..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.