

FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3875

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>27</u>	PRIMARY REG. DIST. NO. <u>3005</u>	Registrar's No. <u>16</u>
1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>	c. CITY OR TOWN <u>Butler</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. Allen St.</u>		e. STREET ADDRESS (If rural, give location) <u>N. Allen 00710</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Isabel</u> c. (Last) <u>Handy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-9-1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 12, 1867</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>87 10 27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Little Rock, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ford</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Isaac Handy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Dawn Butler, Mo.</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>second degree burn 60 E of body</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9100</u> <u>110</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-3 hours</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident at home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Butler</u> (COUNTY) <u>Bates</u> (STATE) <u>MO.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>about 6 AM 9 Feb 55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>clothing caught fire</u>		
22. I hereby certify that I attended the deceased from <u>11:00 AM on 2/10/55</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
22a. SIGNATURE (Degree or title) <u>Doyle H. Habeling, M.D.</u>		22b. ADDRESS <u>114 S. Harrison Butler, Mo.</u>	22c. DATE SIGNED <u>10 Feb 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 10-55</u>	REGISTRAR'S SIGNATURE <u>Rendall Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Underwood</u>	ADDRESS <u>Butler, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

071

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..

*This body was not embalmed  
but put in disaster pouch and sealed*

Student.....  
Signature of Student Embalmer

Signed.....  
*Robert G. Stumber*

Licensed Embalmer No. *4651*

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