

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14427
Registrar's No. 26

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. CITY OR TOWN Milan	
c. LENGTH OF STAY (in this place) 25 yrs		d. 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 _____		e. STREET ADDRESS (If rural, give location) 1058	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) John	b. (Middle) Frederick	c. (Last) Handy	(Month) 4-	(Day) 18-	(Year) 1955

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-21-1884	9. AGE (In years last birthday) 70	10. MONTHS 8	11. DAYS 27	12. HOURS 1	13. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dirt Mover/Contractor	10b. KIND OF BUSINESS OR INDUSTRY Road Bldg	11. BIRTHPLACE (City and State or Foreign Country) Ft. Dodge Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Elbert Handy	13b. MOTHER'S MAIDEN NAME Ester Kempley	14. NAME OF HUSBAND OR WIFE Clara Wraa
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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. 320-16-6367	17. INFORMANT'S SIGNATURE OR NAME Catherine Lavelle	ADDRESS Milan Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few weeks 4 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) angina pectoris 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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 4-18, 1955, to 4-18, 1955, that I last saw the deceased alive on 4-18, 1955, and that death occurred at 2:18 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Simpson, D.O.	23b. ADDRESS Milan Mo.	23c. DATE SIGNED 4-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-21-55	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.	24d. LOCATION (City, town, or county) (State) Milan Mo.
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DATE REC'D BY LOCAL REG. 4-25-1955	REGISTRAR'S SIGNATURE Mrs. H. B. Harris	320-C	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schlegel Schwegel Milan 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... *Dwight Schoene*

Licensed Embalmer No. *2667*

P. O. Address *Milan*

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.