0.300	FILED FEB 27 1956	THE DIVISION OF HE STANDARD CERTIF		State Filc No	5951
0.48	BIRTH NO	REG. DIST. NO. 298		0/5 Registrar's No	187
4	a. COUNTY	h	a. STATE TUSOON	Where decessed lived. If inst	itution: residence before
	b. CITY (it gualda corpurate limita) with	e RURAL and give c. LENGTH OF STAY (in this place)	C. CITY Moher	d. Is Resi	dence within finding of or incorporated town?
RECORD	d. FULL NAME OF (II not in hospital of HOSPITAL OR INSTITUTION	or institution, give street address/or location)	• STREET (If rural ADDRESS 990	west Ra	llins
, i	3. NAME OF B. (First) DECEASED (Type or Print)	b. (Middle)	HANDLEY	4. DATE (Month) OF DEATH OF -/8	(Day) (Year)
ANEN	5. SEX 6. COLOR OR RAC Female White	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED Breeter	8. DATE OF BIRTH Eb-8-1870	9, AGE (30 years if UNDER last birthday) Months	Days   IF UNDER 11 HRS.   Days   Min.
PERMANENT	10st. USUAL OCCUPATION (Give kind of we done-during most of working life, even if retire	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City and Sta	le or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
⋖	138. FATHER'S NAME	13b. MOTHER'S MAIDEN		me of husband or vifi erest Han	00
MAKE	15. WAS DECEASED EVER IN U.S. ARME (Yes, grown or unknown) (If yes, give war or de	tes of service) NO.	F. W. Reiss	Moverly	AND .
INK	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		Live of P	Hip.	ONSET AND DEATH
CK	*This does not mean ANTECEDENT	CAUSES	·/	<i>U</i>	
BI.A	as heart failure, asthenia, rise to the abor- etc. It means the dis- ease, injury, or complica-	e cause (a) stating		*	
DING	tion which caused death. II. OTHER SIG	NIFICANT CONDITIONS tributing to the death but not isease or condition causing death	liner - athis	clestic	D.K.
UNFADING		INDINGS OF OPERATION	e	9037	20. AUTOPSY?
USING	21a. ACCIDENT. (Specify)	21b. PLACE OF INJURY (e.g., in or about byte, farm, factory, street, office bldg, ste.)	21c. (CITY, TOWN, OR TOWNSHI	e Roudol	4 Tuo
sn—	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY Feb 418566. m. WHILEAT NOT WHILE AT WORK AT WORK AT WORK TELL on floor bandle ball.				
PLAINLY	22. I hereby certify that I attended the deceased from 10, 1956, to Feb 16, 1956, that I last saw the deceased alive on Feb 16, 1956, and that death occurred at 2:30 Pm., from the causes and on the date stated above.				
	23a. SIGNATURE	(Degree or title)	23b. ADDRESS Fulle	, luo.	23c. DATE SIGNED 2/19/56
WRITE	24a. BURIAL, CREMA- TION BEMOVAL (Bredly)	1-1956 St. Veter	& Binetern St	ATION City, town, or coun	ty) (State)
	DATE REC'D BY LOCAL REGISTRAR  2-19-19-6	s signature deutley o	25 EUNERAL DI RECTOR'S	Moberly 2	MO.
,		(Licensed Embalmer's	Statement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal Student Embalmer No....

Signature of Student Embalmer

working under my personal supervision ...

Licensed Embalmer No..

· Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING

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.