

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21221

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL WARREN TOWNSHIP		c. LENGTH OF STAY (in this place) 10 Yrs	c. CITY OR TOWN RURAL WARRENTOWNSHIP d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION PALMYRA, MO R.F.D.			
STREET ADDRESS (If rural, give location) PALMYRA, MO R.F.D. 0640			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) D.		c. (Last) HANDLEY		4. DATE OF DEATH (Month) (Day) (Year) JUNE 16 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG 30, 1874		9. AGE (In years last birthday) IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 81 9 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CHARTION COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JAMES E. WEBB		13b. MOTHER'S MAIDEN NAME TILITHA JANE WELLS		14. NAME OF HUSBAND OR WIFE BENJAMIN F. HANDLEY	
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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.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Jane Cimin Palmyra, Mo R.F.D.</i>		ADDRESS	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		Cerebral hemorrhage		3 day	
		ANTECEDENT CAUSES		DUE TO (b)		20 yrs.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		20 yrs.	
		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 443X				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)		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 2-15, 1956, to 6-16, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 3.40 Pm. from the causes and on the date stated above.

23a. SIGNATURE <i>F. N. Sumner</i>		(Degree or title) D.O.		23b. ADDRESS Monroe City, Mo.		23c. DATE SIGNED 6-18-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-18-56		24c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY		24d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI	
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DATE REC'D BY LOCAL REG. 6-20-56		REGISTRAR'S SIGNATURE <i>By J. G. M. Lucke</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilson & Son's Monroe City Mo</i>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUN 21 1956
MARION CO. HEALTH DEPT
DATE FILED JUN 21 1956

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 me, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Nelson
Licensed Embalmer No. 2017

P. O. Address Wauseon City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.