

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23745**  
Registrar's No. **3079**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3079</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY OR TOWN <u>Kansas City</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>General Hospital No. 1</u>				5. STREET ADDRESS (If rural, give location) <u>1100 E. 9 St.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvin</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Handy</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>14</u> (Year) <u>1956</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 28, 1876</u>					
9. AGE (in years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours   Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sac City, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Albert Handy</u>			13b. MOTHER'S MAIDEN NAME <u>Violetta Ashbaugh</u>			14. NAME OF HUSBAND OR WIFE <u>Velma Handy</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>499 09 8754</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert H. Handy</u>			ADDRESS <u>Independence, Missouri</u>			
18. CAUSE OF DEATH Enter only one number 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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Arteriosclerosis aneurysm of</u> <u>Undetermined pending further aortic arch</u>				INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES <u>Investigation</u>							
				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>451X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		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 <u>June 21</u> , 19 <u>56</u> , to <u>July 14</u> , 19 <u>56</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>July 14</u> , 19 <u>56</u> , and that death occurred at <u>11:45 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>24th &amp; Cherry</u>			23c. DATE SIGNED <u>7-16-56</u>				
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>7-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>7-16-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson &amp; Son's</u>					ADDRESS <u>Independence, Mo.</u>	

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

VS FEB 26 1960

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 *Tom D. Marland*

Licensed Embalmer No. *459*

P. O. Address *Indep*

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.