

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32820**

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **159**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN Rural-Capeview Twp. d. Is 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 Fitzgibbon Hospital		e. STREET ADDRESS (If rural, give location) 23 miles south of Versailles, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Franklin c. (Last) Handley			4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1883	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR (Months) 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) Nelson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William F. Handley		13b. MOTHER'S MAIDEN NAME Martha Ann Heath		14. NAME OF HUSBAND OR WIFE Myrtle James Handley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-40-1882		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. F. Handley Versailles, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>	
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 **Mich. 30, 1955**, to **Oct. 7, 1956**, that I last saw the deceased alive on **Oct. 7, 1956**, and that death occurred at **10:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Gallikin M.A. (Degree or title)		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 10-8-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9, 1956		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	
24d. LOCATION (City, town, or county) (State) Marshall, Missouri		DATE REC'D BY LOCAL REG. 10-9-56		REGISTRAR'S SIGNATURE Cecil J. Read	
FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS MARSHALL, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
James A. Lewis, Jr.

Licensed Embalmer No. *4709*

P. O. Address *Marshall,*

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.