

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **4465A**

No. 300  
10.48

**FILED JAN 28 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **4132** Registrar's No. **13**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>CLAY</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. - If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HOLT</b>		c. CITY OR TOWN <b>HOLT</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>life</b>		STREET ADDRESS (If rural, give location) <b>NONE</b> <b>6000</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>THOMAS</b>	b. (Middle) <b>MARVIN</b>	c. (Last) <b>HANDY</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>DEC. 30, 1956</b>
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<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>JUNE 1, 1926</b>	<b>9. AGE</b> (to years last birthday) <b>30</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>FARMING</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>HOLT, MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>JASPER N. HANDY</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>MARTHA J. WAYMAN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>EDNA WILSON</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>493-12-4981</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>EDNA HANDY, HOLT, MO.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Syphemia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 days</b>  <b>unknown</b>  <b>years</b>
	ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of Liver</b>		
	DUE TO (c) <b>Arterio-sclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death <b>Sited inversus univertialis - Birth.</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>5810</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Nov 18, 1956, to Dec 30, 1956, that I last saw the deceased alive on Dec 30, 1956, and that death occurred at 10:30 P.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Richard L. Lee</i>	(Degree or title) <b>D.O.</b>	<b>23b. ADDRESS</b> <b>502 10th Kansas Liberty, MO</b>	<b>23c. DATE SIGNED</b> <b>31 Dec 1956</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>24b. DATE</b> <b>1-1-57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>ANTIOCH</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>HOLT, MO.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1-14-57</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mabel Graham</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Fry Funeral Home</i>	<b>ADDRESS</b> <b>KEARNEY, MO</b>
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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 *E. H. Wise*

Licensed Embalmer No. *257*  
P. O. Address *Smithville Mo*

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.