

STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1957

360

Primary Registration District No.

3076

STATE FILE NUMBER

3475

Registrar's No.

24

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Rich Hill 0070	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 614 N. Washington		d. STREET ADDRESS (If outside, give location) 30 days	
3. NAME OF DECEASED (Type or print) First CHARLES Middle EDWARD Last HANDLY		4. DATE OF DEATH Month January Day 31 Year 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	
13. FATHER'S NAME R.M. Handly		14. MOTHER'S MAIDEN NAME Elizabeth Neptune	
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. 595-30-6272	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease, advanced stage DUE TO (c) Unknown		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 3:30 Month Jan. Day 31 Year 1957		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Rich Hill COUNTY Bates STATE Missouri	
21. I attended the deceased from November 13, 1956 and last saw her alive on Jan. 31, 1957 and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L.P. McLean (Degree or title) M.D.		22b. ADDRESS Moore Bldg., Nevada, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/2/57	
23c. NAME OF CEMETERY OR CREMATORY Pryor Creek Cemetery		23d. LOCATION (City, town, or county) (State) Vernon County, Missouri	
24. FUNERAL DIRECTOR Booth Funeral Home ADDRESS Rich Hill, Mo.		25. DATE RECD. BY LOCAL REG. 2-2-1957	
26. REGISTRAR'S SIGNATURE Anna J. Ferry			

FEB

8 1957

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.....

Licensed Embalmer No. 35

P. O. Address Butler

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.