

STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1957

Registration District No. 170 Primary Registration District No. 5628 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede				
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN Gasconade T.S.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lynchburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Creek Store			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Lynchburg			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jewel Middle Handley Last Handley				4. DATE OF DEATH Month Dec. Day 21 Year 1957				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 16 1928		9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand			10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Competition Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Leland Handley			13b. MOTHER'S MAIDEN NAME Zella Cook		14. NAME OF HUSBAND OR WIFE Betty Handley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2			16. SOCIAL SECURITY NO. 486-30-6176	17. INFORMANT Address Leland Handley Lynchburg Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun shot wound in upper chest.							INTERVAL BETWEEN ONSET AND DEATH Imm.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severance of carotid artery and jugular vein.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 981X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) 981X					
20c. TIME OF INJURY 5:00 p.m. 12/21/57								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grocery Store		20f. CITY, TOWN, OR LOCATION Gasconade T.S.			COUNTY Laclede STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5.00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J.R. Palmer, Coroner (Degree or title)				22b. ADDRESS Lebanon, Mo.			22c. DATE SIGNED 12-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/24/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Carney		23d. LOCATION (City, town, or county) Laclede Co. Mo. (State)			
24. FUNERAL DIRECTOR J.R. Palmer ADDRESS Lebanon Mo			25. DATE RECD. BY LOCAL REG. 12-23-1957		26. REGISTRAR'S SIGNATURE Albela L. May			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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AUG 13 1958

JAN 17 1958

Received DEC 30 1957

Laclede County Health Unit

File No. 213

Date Filed DEC 30 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 Stanleigh R. Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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.