

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006832
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 313

| | | | | | | | | | |
|---|----------------------------------|--|---|---|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salt Spring TWP</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Moberly - Rte. 3 0880</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View</u> | | | Length of stay in lb <u>6 Yrs.</u> | | d. STREET ADDRESS (If outside, give location) <u>Hiway 24 - E.</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>NELL</u> Middle <u>HANDBACK</u> Last <u>SLATER</u> | | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>28</u> Year <u>1958</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Feb. 18, 1871</u> | | 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u>15</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Winchester, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>George W. Handback</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Martha Pickett</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>-----</u> | | 17. INFORMANT <u>Mrs. Lou Lozier</u> | | | Address <u>Moberly, Mo.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>D.K.</u> | |
| 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.) <u>331x</u> | | | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Centralia</u> | | COUNTY <u>Missouri</u> | | STATE | |
| 21. I attended the deceased from <u>Jan 5, 1958</u> to <u>2/26/58</u> and last saw <u>her</u> alive on <u>2/26/58</u> Death occurred at <u>2:15 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>P. V. Dreyer MD</u> (Degree or title) | | | | | 22b. ADDRESS <u>Huntsville, Mo.</u> | | | 22c. DATE SIGNED <u>3/4/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-3-1958</u> | 23c. NAME OF CEMETERY <u>Centralia</u> | | | 23d. LOCATION (City, town, or county) <u>Centralia, Missouri</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Mahan Funeral Service</u> ADDRESS <u>Moberly</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>3/5/1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Director, Coroner, etc. must use any standard nomenclature in item 18. No symptoms with no history. All

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 *John A. Green*.....

Licensed Embalmer No. *381*.....

P. O. Address *Meaford*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.