

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010824
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY NEWTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY OTTAWA		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MAIMI 8350		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE		Length of stay in lb 2 weeks	d. STREET ADDRESS (If outside, give location) 604 F. Southeast		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle HAND Last HAND			4. DATE OF DEATH Month MAR. Day 16, Year 1958		
5. SEX MALE D	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 8, 1877	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months -- Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired blacksmith		10b. KIND OF BUSINESS OR INDUSTRY blacksmith	11. BIRTHPLACE (City and state or country) DeMoines, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Hand		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Joyce Hand	
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. --	17. INFORMANT Address Joyce Hand - Miami, Oklahoma		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Nephritis and arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.) 2		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from Mar 7 to Mar 16 and last saw ^{him} alive on Mar 7 - 58 Death occurred at 10:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. A. Reynolds M.D. Neosho Mo (Degree or title)				22b. ADDRESS	
				22c. DATE SIGNED 3/17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Mar. 16, 1958		23c. NAME OF CEMETERY OR CREMATORY Ottawa	
				23d. LOCATION (City, town, or county) S. E. of Miami, Ottawa, Okla.	
24. FUNERAL DIRECTOR Paul Thomas ADDRESS			25. DATE RECD. BY LOCAL REG. 3-19-58		26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. MUST USE ONLY STANDARD NOMENCLATURE. All diseases in Part I must be causally related.

Health, Welfare, Public Service

300
-57

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RECEIVED

District Health Officer No. Newton
District File Number 358-69
Date Filed MAR 31 1958

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 Paul Thomas
Paul Thomas

Licensed Embalmer No. 1244

P. O. Address Picher, Okla.

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.