

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036405

STATE FILE NUMBER 4723

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1.0.2 Registrar's No. 4723

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Prairie Village 815 9
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research		Length of stay in 1b 1 Week	d. STREET (If outside, give location) ADDRESS 3107 West 71st Ter. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NEIL HANDLEY			4. DATE OF DEATH Month Day Year Oct. 5, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-27-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Pumpier		10b. KIND OF BUSINESS OR INDUSTRY oil fields	9. AGE (In years last birthday) 68 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Zack Handley		13b. MOTHER'S MAIDEN NAME Printhia Sanders	14. NAME OF HUSBAND OR WIFE Mary G. Handley
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. 513-03-3119a	17. INFORMANT Mrs. M. G. Shackelford, Prairie Village, Ks Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myo cardiac decompensation DUE TO (b) Polycythemia vera - 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 Few days 3 yrs -
20a. ACCIDENT SUICIDE HOMICIDE <u>None</u> <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 <u>None</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Prairie Village		COUNTY STATE	
21. I attended the deceased from May 55 to death - and last saw him alive on 10-4-58 Death occurred at 9:10 AM		22c. DATE SIGNED 10-6-58	
22a. SIGNATURE <i>[Signature]</i> (Degree or title) G. W. USGOOD M.D. 104 P. V. MEDICAL BLDG. FIRST AT TOMAHAWK		22b. PLACE OF SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-7-58	23c. NAME OF CEMETERY OR BURIAL PLACE MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 10-7-58 26. REGISTRAR'S SIGNATURE Irene Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

body, cancer, etc., near any anatomical structure in item 18. No symptoms can be traced. All diseases in Part I must be causally related.

The. H. M. Cogswell
2
Wichita Medical
2:30-6
Wichita & Terminal Ave

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 *Clayton Barnes*
Licensed Embalmer No. *4793*
P. O. Address *K. C. 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.