

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 16 1960

-60-014682

Registration District No. 098 Primary Registration District No. 4160 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINSTON</u>		c. CITY OR TOWN <u>Winston</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>40 MRS</u>		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) <u>NATHAN JESSE HANDLEY</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>23</u> Year <u>1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>5-30-1883</u>
9. AGE (last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING RETIRED</u>	
11. BIRTHPLACE (City and state or country) <u>MOSBEY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM HANDLEY</u>		13b. MOTHER'S MAIDEN NAME <u>HANNA DAUGHTRY</u>	
14. NAME OF HUSBAND OR WIFE <u>ELIZA</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>NONE</u>		17. INFORMANT <u>Eliza Handley Winston 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>Coronary occlusion</u> DUE TO (b) <u>arterial Sclerosis, Hypertension</u> DUE TO (c) <u>prostate enlargement</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>10 yrs</u> <u>3 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>prostate & bladder stones, prostate resection</u>		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
9. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>6:00</u> a.m. <u>PM</u> Month, Day, Year <u>June 1955</u>	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 <u>June 1955</u> to <u>April 23 1960</u> saw him alive on <u>April 23-1960</u> Death occurred at <u>6:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Dr. Bailey</u> (Degree or title)	
22b. ADDRESS <u>Gallatin MO</u>		22c. DATE SIGNED <u>4-24-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-25-1960</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>WINSTON</u>		23d. LOCATION (City, town, or county) (State) <u>WINSTON MO</u>	
24. FUNERAL DIRECTOR <u>Virgil V. Stang Winston, MO</u>		25. DATE RECD. BY LOCAL REG. <u>25 April 1960</u>	
26. REGISTRAR'S SIGNATURE <u>Ungewitter</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Virgil W. Strauf

Licensed Embalmer No. *4074*

P. O. Address *Winston, N.C.*

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.