

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005673

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 157

Primary Registration District No. 4248

Registrar's No. 64

FILED VS MAR 7 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri COUNTY Jasper	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sarcoxie	Length of stay in 1b 1 1/2 Yrs.	c. CITY OR TOWN Sarcoxie	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 305 Church St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 305 Church St.

3. NAME OF DECEASED (Type or print) First Middle Last Charles C. Hand			4. DATE OF DEATH Month Day Year Feb. 27, 1961		
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5. SEX Male	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 1-10-1876	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Kans. U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME unk/	13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE Amanda Kaylor Hand
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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. none	17. INFORMANT Address Mrs. Amanda Hand, Sarcoxie, Mo.
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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 Circulatory Failure DUE TO (b) Coronary Thrombosis and massive myocardial infarction DUE TO (c) Arteriosclerosis and decompensation		INTERVAL BETWEEN ONSET AND DEATH Sudden 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 COUNTY STATE
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21. I attended the deceased from 3-14-53 to 2-27-61 and last saw him alive on 2-25-61 Death occurred at 11:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>[Signature]</i>	22b. ADDRESS D. O. Sarcoxie, Mo.	22c. DATE SIGNED 2-27-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-2-1961	23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery	23d. LOCATION (City, town, or county) (State) Sarcoxie, Mo.
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24. FUNERAL DIRECTOR ADDRESS Ulmer-Moss Funeral Home, Sarcoxie, Mo.	25. DATE RECD. BY LOCAL REG. 3-2-1961	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin S. Palmer

Licensed Embalmer No. 1955

P. O. Address Parthage

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.