

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005773

AMENDED

Registration District No. FILED VS FEB 2 1961Primary Registration District No. 3033 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Lacledeb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lebanon

Length of stay in 1b

15 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 420 Chestnut

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE

b. COUNTY

Missouri Laclede

c. CITY

OR TOWN

Lebanon

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

420 Chestnut

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Susan Belle Handley

4. DATE OF DEATH

Month

Day

Year

Feb 7 1961

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/14/1870

9. AGE (last birthday)

90

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

Wright Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Isaac Durbin

13b. MOTHER'S MAIDEN NAME

Francis Emmerson

14. NAME OF HUSBAND OR WIFE

Thomas A. 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.

none

17. INFORMANT

Blanche Handley Lebanon Mo.

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)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Hypertensive vascular disease with cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH

4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. 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 a.m. p.m.

Month, Day, Year

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

1953

to

2/7/61

and last saw her

2/7/61

alive on

Death occurred at

6 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deed or title)

W. F. Fredebeck MD

22b. ADDRESS

Lebanon Mo

22c. DATE SIGNED

2/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/10/1961

23c. NAME OF CEMETERY OR CREMATORY

Mrs. Bride Cemetery

23d. LOCATION (City, town, or county)

Laclede Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dorsey M. Howe Lebanon Mo.

25. DATE RECD. BY LOCAL REG.

2-11-1961

26. REGISTRAR'S SIGNATURE

Hella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

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 Dorsey M. Howe
Licensed Embalmer No. 42221
P. O. Address Lebanon, N

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.