MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-007344
STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 6200 Registrar's No. 9

AMENDED

FILED VS MAR 7 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Morris Township — Length of stay in 1b: 30 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R #4 Box 210 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R #4 Box 210

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Texas
c. CITY OR TOWN: Mtn. Grove — Inside Limits: Yes ☐ No ☒
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Daisy Middle: E Last: Hand
4. DATE OF DEATH: Month: Jan. Day: 22 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Dec. 1881
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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): Clay center, Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Roser
13b. MOTHER'S MAIDEN NAME: Ellen Sering
14. NAME OF HUSBAND OR WIFE: Thomas Hand
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William Hand Address: Mtn. Grove, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular heart disease — INTERVAL BETWEEN ONSET AND DEATH: Not known
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 CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. 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 1958, to 1-22-61 and last saw her/him alive on 1959
Death occurred at 7:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) M.D.
22b. ADDRESS: Mtn Grove Mo
22c. DATE SIGNED: 1-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-24-1961
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State): Mtn. Grove, Missouri

24. FUNERAL DIRECTOR: Everett C. Craig ADDRESS: Mtn. Grove, Mo.
25. DATE RECD. BY LOCAL REG.: 3-2-61
26. REGISTRAR'S SIGNATURE: Fayne Cunningham

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1961

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 Terrell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mtn Grove, 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.