

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3234-61-025200
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

AMENDED FILED JUL 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) <u>St. Louis City</u> Length of stay in <u>15 yrs.</u> | | c. CITY <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) <u>726 Troost</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lucille ROSE Handy</u> | | | 4. DATE OF DEATH Month Day Year <u>6 28 61</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Cauc.</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-7-1914</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u> | | 9. AGE (last birthday) <u>46</u> | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and state or country) <u>Dallas Texas, Iowa U. S.</u> | 12. CITIZEN OF WHAT COUNTRY _____ |
| 13a. FATHER'S NAME <u>John F. Naist</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nellie Brown</u> | 14. NAME OF HUSBAND OR WIFE <u>Ansel</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> | | 17. INFORMANT Address <u>Ansel Handy 726 Troost</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>LAENNEC'S Cirrhosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. <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.) | |
| 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 |
| 21. I attended the deceased from <u>6/27/61</u> to <u>6/28/61</u> and last saw her alive on <u>6/28/61</u> Death occurred at <u>H. H. A. 4:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. Frank Ellis</u> | | 22b. ADDRESS <u>2400 Perry - City</u> | 22c. DATE SIGNED <u>6/29/61</u> |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>6-30-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Dallas Center, Iowa</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Paspartino Bros Ke, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-29-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |

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 *R. Passantino*

Licensed Embalmer No. 4554

P. O. Address He, 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.