

XX

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024003

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 19

STATE FILE NUMBER

FILED JUN 21 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Monroe	b. CITY (If outside corporate limits, give TOWNSHIP only) Monroe City	a. STATE Missouri	b. COUNTY Monroe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 219 Catherine St.		c. CITY OR TOWN Monroe City	d. STREET ADDRESS (If outside, give location) 219 Catherine
3. NAME OF DECEASED (Type or print) First Middle Last Daisy Dean Handley		4. DATE OF DEATH Month Day Year May 31, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/19/1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 81
11a. FATHER'S NAME David Chandley		11b. MOTHER'S MAIDEN NAME Sarah Owen	12. CITIZEN OF WHAT COUNTRY U.S.A.
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. 327-05-0881	17. INFORMANT Mrs. Olive Primm, Monroe City, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unattended-Natural Causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CORONER OF MONROE COUNTY INVESTIGATED		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 _____, to _____ and last saw her/him alive on _____. Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Elsie Miller</i> (Degree or title) Local Registrar		22b. ADDRESS Monroe City, Missouri	
22c. DATE SIGNED May 31, 1962		22d. LOCATION (City, town, or county) Monroe City, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/3/62	23c. NAME OF CEMETERY OR CREMATORY St. Judes Cemetery	23d. LOCATION (City, town, or county) Monroe City, Missouri
24. FUNERAL DIRECTOR Wilson & Sons, Monroe City, Missouri		25. DATE RECD. BY LOCAL REG. May 31, 1962	26. REGISTRAR'S SIGNATURE <i>Elsie Miller</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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DEC 21 1962

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leslie L. Wilcox

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.