

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 130014642 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

6-2-64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Pending autopsy report

SHOULD READ

Ventricular Fibrillation

DOCUMENT

BY AFFIDAVIT OF attending physician

1. PLACE OF DEATH
a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Windsor Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION At Home Inside Limits
Yes No

2. USUAL RESIDENCE (Where deceased lived: "If institution: Residence before admission)
a. STATE Missouri COUNTY Henry

c. CITY OR TOWN Windsor Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location) 210 North Street Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Georgia E. HAND April 30, 1964

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH July 3 1889 9. AGE (last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HR
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 Home 11. BIRTHPLACE (City and state or country) Windsor, Mo. 12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME George Fryer 13b. MOTHER'S MAIDEN NAME Ida (Unknown) 14. NAME OF HUSBAND OR WIFE Earl Hand

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 Robert Hand Windsor, 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) ~~Pending Autopsy Report~~
Ventricular Fibrillation
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
INTERVAL BETWEEN ONSET AND DEATH Sudden

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 November 21, 1959 to April 27, 1964 and last saw her/him alive on April 27, 1964
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard Brock (degree or title) M.D. 22b. ADDRESS 116 South Main St. Windsor, Missouri 22c. DATE SIGNED 5/2/64 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 2, 1964 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery 23d. LOCATION (City, town, or county) Windsor, Mo.

24. FUNERAL DIRECTOR Huston Funeral Home Windsor, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. May 14, 1964 26. REGISTRAR'S SIGNATURE Mildred Bequene

USE BLACK INK OR TYPEWRITER RIBBON

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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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.