

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>323 So 3rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>323 So. 3rd St.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1949</u>	

3. NAME OF DECEASED (Type or Print) <u>Fimer</u>	a. (First)	b. (Middle) <u>Carl</u>	c. (Last) <u>Speiser</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 30-1895</u>	9. AGE (In years last birthday) (Specify) <u>54-8-21</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Faymer Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Centerville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George Specker</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Tag Schussler</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Goldie Specker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Et X Schreiman</u>	ADDRESS <u>Odessa Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>321X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 19, 1949, to Oct 21, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 2:25 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. F. Slaughter, Do</u>	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>10/21/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 22-49</u>	REGISTRAR'S SIGNATURE <u>Letta Drummond</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blissner &amp; Sons</u>	ADDRESS <u>Odessa Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

54  
4  
2

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 11-30-49

DEC 2 1949

OCT 19 1954

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 .....  
Student Embalmer

Signed *Clyde B. Bliese*

Licensed Embalmer No. 2945

P. O. Address *Adrian 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 this body is not embalmed, fact should be so stated above.