

FILED JUN 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. **1190991**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568** Registrar's No. **188**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Blue</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Blue</b>	
c. LENGTH OF STAY (in this place) <b>70yrs</b>		d. STREET ADDRESS (If rural, give location) <b>RR# 4 Miles E. of Indep</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR# 4 Miles E. of Indep.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>SPECK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>Feb. 10, 1880</b>		9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Jackson Co. Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Henry Speck</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Bauman</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Louise Speck Same as Dec.</b>	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sarcoma Post Peritoneal</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>180X</b>

19a. DATE OF OPERATION <b>4/14/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Sarcoma Post Peritoneal</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-13**, 19**50** to **5-14**, 19**50**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) 23b. ADDRESS **911 Sunwood KC, Mo.** 23c. DATE SIGNED **5-13-50**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial** 24b. DATE **May 13, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Woodlawn** 24d. LOCATION (City, town, or county) (State) **Independence MO**

DATE REC'D BY LOCAL REG. **May 19-1950** REGISTRAR'S SIGNATURE **[Signature]** 354 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **[Signature] Indep, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480

MAY 25 RECD

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

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Henry H. Mitchell*

Signed.....  
Student-Embalmer

Licensed Embalmer No. 3925

P. O. Address Indep, 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.