No. 300
10.48

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FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34134

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 369

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green
d. STREET ADDRESS (If rural, give location): 08 20

3. NAME OF DECEASED (Type or Print)
a. (First): Rebecca
b. (Middle): W
c. (Last): Spegal

4. DATE OF DEATH (Month) (Day) (Year): Oct 26 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 5 1866
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 7, Days 21 — IF UNDER 24 HRS.: 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: —
11. BIRTHPLACE (State or foreign country): Cynthiana Ky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Whaley
13b. MOTHER'S MAIDEN NAME: Dont Know
14. NAME OF HUSBAND OR WIFE: Noah Spegal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Sterling Spegal — ADDRESS: Bowling Green Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Burns, thermal 3rd degree face, chest, abdomen and back
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): hands and arms
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH: 9160 / 16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 119
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hannibal Marion Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 25 1950 3 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Burns when clothing caught fire gas stove

22. *I hereby certify that I attended the deceased from* Oct 25, 1950, *to* Oct 26, 1950, *that I last saw the deceased alive on* Oct 25, 1950, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Poller MD
23b. ADDRESS: Hannibal, Mo
23c. DATE SIGNED: Oct 28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 28-1950
24c. NAME OF CEMETERY OR CREMATORY: Frankford
24d. LOCATION (City, town, or county) (State): Frankford Mo

DATE REC'D BY LOCAL REG.: 10-31-50
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By WC Fischer Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Grace Bankhead — ADDRESS: Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 3 1950
A...N CO. HEALTH DEPT.
DATE FILED NOV 3 1950

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 Harold C. Kuke

Licensed Embalmer No. 4597

P. O. Address Bowling Green,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.