

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11660**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 502

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>47 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2612 Mitchell Ave.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>S.</u> c. (Last) <u>Speese</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 12, 1862</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>	11. BIRTHPLACE (State or foreign country) <u>near Harrisburg, Penna.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>insurance</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Speese</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Drawbought</u>	14. NAME OF HUSBAND OR WIFE <u>Franc P. Speese</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. L. Crume, St. Joseph, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis general</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gangrene of toes</u> DUE TO (c) <u>Chronic Nephritis with edema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ulcer of ocularities</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4/46X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. _____	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 <u>4-2, 1951</u> , to <u>5-6, 1951</u> , that I last saw the deceased alive on <u>5-6, 1951</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. P. Larson M.D.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>5-7-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/8/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 11, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heater Bauman</u> ADDRESS <u>Dunbar Home, St. Joseph, Mo.</u>	

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

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 James B. Hawkins
Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Grand,

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.