

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 5 1951

2100

BIRTH NO. <u>29796-27</u> REG. DIST. NO. <u>149</u> PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. <u>2100</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>3098</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u> d. STREET ADDRESS (If rural, give location) <u>7320 BELFONTAINE</u>	
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Speers</u> c. (Last) <u>Speers</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5-14-51</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> 8. DATE OF BIRTH <u>5-14-51</u> 9. AGE (In years last birthday) <u>206</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> 11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MO</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Earl Kenneth Speers</u> 13b. MOTHER'S NAME <u>Lida Thutchley</u> 14. NAME OF HUSBAND OR WIFE <u>CHILD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u> 16. SOCIAL SECURITY NO. <u>-</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Earl Speers</u> ADDRESS <u>7320 Belfontaine</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pressure on aftercoming head of a breech delivering</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>70</u>	
19a. DATE OF OPERATION <u>-</u> 19b. MAJOR FINDINGS OF OPERATION <u>-</u> 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Trinity Hospital</u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/14/51 7:47A</u> m. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u>Birth injury</u>	
22. I hereby certify that I attended the deceased from <u>5/14</u> , 19 <u>51</u> , to <u>5/14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/14</u> , 19 <u>51</u> , and that death occurred at <u>7:47A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>R. R. Becker</u> (Degree or title) <u>MD</u> 23b. ADDRESS <u>4000 Baltimore Kansas City, Mo</u> 23c. DATE SIGNED <u>5/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> 24b. DATE <u>MAY 15 1951</u> 24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u> 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>5-16-51</u> REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs B. L. Foster</u> ADDRESS <u>A. C. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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. *W*