

No. 300
10. 48

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24078

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6002 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Ralls.		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Ralls,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Saltriver Township) 50		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Saltriver Township)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry, Missouri R.F.D.		Perry, Missouri R.F.D.	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Speckman. c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July, 9, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 3, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Faremr		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Madison Co., Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Gottlieb Speckman	13b. MOTHER'S MAIDEN NAME Doris Hagedorn	14. NAME OF HUSBAND OR WIFE Mary Speckman.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary Speckman,	ADDRESS Perry, Missouri.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Acute)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.			

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)
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 No Medical Attention., 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00A.M., from the causes and on the date stated above.

23a. SIGNATURE Clyde Wilbey (Degree or title) Coroner.	23b. ADDRESS Perry, Missouri.	23c. DATE SIGNED 7-9-1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-11-1951	24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery	24d. LOCATION (City, town, or county) (State) Perry, Missouri.
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DATE REC'D BY LOCAL REG. 7-11-51	REGISTRAR'S SIGNATURE Clyde Wilbey	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Wilbey	ADDRESS Perry, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

870
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Date Received: JUL 14 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1262
Date Filed: JUL 14 1951

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 C Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry 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.