

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32727**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4443** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. LENGTH OF STAY (In this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Depot Street		d. STREET ADDRESS (If rural, give location) Depot Street			
3. NAME OF DECEASED (Type or Print) a. (First) Annie		b. (Middle) E.		c. (Last) Speck	
4. DATE OF DEATH (Month) (Day) (Year) September 12, 1953					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sept. 14, 1914		9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Des Moines, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME Sam Peck		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE George W. Speck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Speck; Huntsville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH 1 hr. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion 1 w 8 d DUE TO (c) Chronic Myocarditis years. 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 4201		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) (Min.)		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 June 13, 1952 , to Sept 12, 1953 , that I last saw the deceased alive on Sept 12, 1953 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Morris C. Ephy D.D.		23b. ADDRESS Huntsville Mo.		23c. DATE SIGNED 9-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/14/1953		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	
24d. LOCATION (City, town, or county) (State) Huntsville, Missouri					
DATE REC'D BY LOCAL REG. 9-17-53		REGISTRAR'S SIGNATURE Mary H. Bentley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. Patton & Sons, Huntsville, Mo.	

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.....
Student Embalmer

Signed Paul J. Patton

Licensed Embalmer No. 4895

P. O. Address Huntwell, 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.