

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29519**
Registrar's No. **121**

FILED AUG 20 1954

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6114		Registrar's No. 121	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - MORLEY-TWP			
d. FULL NAME OF HOSPITAL OR INSTITUTION BELL CITY #1				d. STREET ADDRESS (If rural, give location) BELL CITY RI 1000			
3. NAME OF DECEASED (Type or Print) MAGGIE SPEEGLE			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8-8-54	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 2-23-1882		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Month 5 Days 13
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 (City and State or Foreign Country) WEST PLAINS MO 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE SAMUEL DAVID SPEEGLE	
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. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary Cooper - Bell City Mo Rt			
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) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertension Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (c) G.B. & Urinary syndrome II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2nd. Anemia					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 8/2/54 , 19 54 , to 8/7/54 , 19 54 , that I last saw the deceased alive on 8/7/54 , 19 54 , and that death occurred at 2 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Gene W. Cable D.O. 2				23b. ADDRESS Oran Mo		23c. DATE SIGNED 8/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-9-54		24c. NAME OF CEMETERY OR CREMATORY WHITE		24d. LOCATION (City, town, or county) (State) CORNING ARK	
DATE REC'D BY LOCAL REG. 8-14-54		REGISTRAR'S SIGNATURE Mrs Ella Hunter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Seligman Mo		

(Licensed Embalmer's Statement on Reverse Side)

429-0

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

No. 300
10.48

DATE RECEIVED AUG 16 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 554-176

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.