

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30244

FILED OCT 15 1956

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Boonville		c. CITY OR TOWN Bunceton	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Saint Joseph		d. STREET ADDRESS No street numbers	
3. NAME OF DECEASED (Type or print) Martha Ann Speed		4. DATE OF DEATH October, 7th, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH January, 20, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 88
13. FATHER'S NAME J. H. Speed		14. MOTHER'S MAIDEN NAME Tennessee Page	
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 Emma Arnet (sister)		Address Bunceton, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Fractured left femur 3 months before death			INTERVAL BETWEEN ONSET AND DEATH 7
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4500F	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Boonville Mo	
21. I attended the deceased from July 21/56 to 10/7/56 and last saw her/him alive on 10/6/56 . Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE W. L. DeGraeger M.D.		22b. ADDRESS Boonville Mo	
22c. DATE SIGNED 10/8/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 10, 1956	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) Bunceton, Missouri
24. FUNERAL DIRECTOR Jessie E. Richards-Tipton		25. DATE RECD. BY LOCAL REG. 10/10/56	
ADDRESS Boonville Mo		26. REGISTRAR'S SIGNATURE D. Hooper	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 19 1957

SEP 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jewess-E-Richer*

Licensed Embalmer No. *349*
P. O. Address *Lipton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.