

THE DIVISION OF HEALTH OF MISSOURI ⁶²²⁷³⁻⁵⁷ 58-012922
STANDARD CERTIFICATE OF DEATH
State File No.

FILED APR 15 1958

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6185 Registrar's No. 59

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

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union Twp.</u> <u>1050</u>	
c. LENGTH OF STAY (in this place) <u>7 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Green Castle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 6 mi. SE Green City</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Teresa</u>	b. (Middle) <u>Ardell</u>	c. (Last) <u>Sneiser</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 2, 1957</u>	9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u> IF UNDER 24 HRS.: Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles E. Speiser</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Jean Wilbanks</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Speiser</u>	ADDRESS <u>Green Castle, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		<u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>		<u>4 days</u>
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	<u>480X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>
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22. I hereby certify that I attended the deceased from Dec 3, 1957, to April 1, 1958, that I last saw the deceased alive on March 31, 1958, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R.D. Smith D.O.</u> (Degree or title)	23b. ADDRESS <u>Green City, Mo</u>	23c. DATE SIGNED <u>Apr 2, 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 3, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-10-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckert</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kent</u>	ADDRESS <u>Green City, Mo.</u>
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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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.