

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025778

FILED VS AUG 3 1960

Registration District No. 27 Primary Registration District No. 5087 Registrar's No. 92 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bates Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Howard twp</u>		c. CITY OR TOWN <u>Hume, Missouri.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile SE of Hume, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Hume, Missouri.</u>	

3. NAME OF DECEASED (Type or print) First <u>Lyle</u> Middle <u>Dean</u> Last <u>Speakes</u>			4. DATE OF DEATH <u>July 21, 1960</u> Month <u>July</u> Day <u>21</u> Year <u>1960</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-8-1939</u>	9. AGE (last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR 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) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Walnut twp, Bates Co.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Charles Speakes</u>	13b. MOTHER'S MAIDEN NAME <u>Hope Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Hallie Speakes</u>
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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>None</u>	16. SOCIAL SECURITY NO. <u>487 44-4578</u>	17. INFORMANT <u>Hallie Speakes Hume, Mo.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning, accidental.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
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 (a) <u>None</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Drowned while swimming.</u>
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20c. TIME OF INJURY <u>5:15 p.m.</u> Hour <u>7</u> Month <u>21</u> Day <u>60</u> Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STEP PIT.</u>	20f. CITY, TOWN, OR LOCATION <u>Hume</u> COUNTY <u>Bates</u> STATE <u>Mo.</u>
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21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at 5:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <u>Douglas Howard</u>	22b. ADDRESS <u>Butler, Missouri.</u>	22c. DATE SIGNED <u>7/25/60</u>
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23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-24-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodfin Cenetery</u>	23d. LOCATION (City, town, or county) (State) <u>Foster, Mo Bates, Co.</u>
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24. FUNERAL DIRECTOR <u>Culver Underwood, Butler, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 25-1960</u>	26. REGISTRAR'S SIGNATURE <u>Kimball Kurray</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Robert W. Stumbach

Licensed Embalmer No. 4657

P. O. Address Butler, Pa

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.