

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-039615**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1393

**FILED OCT 21 1963**

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 <u>0397</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS				
2 <u>0397</u>	INSTEAD OF				
3 <u>2</u>	DOCUMENT				
4 <u>0</u>	MEDICAL CERTIFICATION				
5 <u>1</u>	SHOULD READ				
6	BY AFFIDAVIT OF				
7 <u>0</u>					
8 <u>2</u>					
9 <u>163X</u>					
10					
11					
12 <u>1-0</u>					
13					

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	
Length of stay in 1b <u>YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BURGE</u>		d. STREET ADDRESS (If outside, give location) <u>1618 E. Mc DANIEL</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>CHESTER OLIVER SPECKELMEYER</u>			4. DATE OF DEATH Month <u>OCT</u> Day <u>13</u> Year <u>1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/22/1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR AT NEHL-ROYLE CADDOU PATTING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>GREENE</u>
13a. FATHER'S NAME <u>SAMUEL SPECKELMEYER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET HALBTENBERG</u>	
14. NAME OF HUSBAND OR WIFE <u>GEORGIA</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u> <u>W.W.P.</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>WAYNE SPECKELMEYER - SPRINGFIELD</u>	
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>Carcinoma, undiff. of lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</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)			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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 COUNTY STATE	
21. I attended the deceased from <u>Jan 63</u> to <u>13 Oct 63</u> and last saw him alive on <u>12 Oct 63</u> Death occurred at <u>12:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Callaway MD</u>		22c. ADDRESS <u>Springfield, Mo</u>	
22b. DATE <u>14 Oct 63</u>		22d. DATE SIGNED <u>14 Oct 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 15, 1963</u>	23c. NAME OF CEMETERY OR CREMATOR <u>GREENLAWN CEMETERY</u>	23d. LOCATION (City, town, or county) <u>SPRINGFIELD, Mo</u>
24. FUNERAL DIRECTOR <u>CHAPEL OF THE STARS - MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>10-17-63</u>	26. REGISTRAR'S SIGNATURE <u>Bennie Bradley</u>

JAN 17 1964

MAR 5 1964

10-14-63  
60-0-03

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 \_\_\_\_\_

Signed *Harold C. Rubin*

- Signature of Student Embalmer

Licensed Embalmer No. 5159

P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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