

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Evans
19214
State File No.

FILED JUN 26 1948

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 489

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Baptist Hosp.
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution: 5 Days
(Specify whether years, months or days)

In this community: 52 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 416 1/2 S. Campbell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

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6
0

3. (a) PRINT FULL NAME: Sylvester C. Speer

3. (b) If veteran, name war: No. 3. (c) Social Security No. No.

4. Sex: Male 0 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Ella Speer 6. (c) Age of husband or wife if alive: Dec. years

7. Birth date of deceased: December 17 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 5 23 hr. min.

9. Birthplace: Harrison Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: Speer Employment Agency

12. Name: Joe Speer

13. Birthplace: unknown Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name: Hooper

15. Birthplace: unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant: Bob Speer

(b) Address: Harrison Arkansas

17. (a) Burial (b) Date thereof: 6/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 6-12-48 (b) H.E. Handley
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 10 year: 1948 hour: 11 minute: 0 P. M.

21. I hereby certify that I attended the deceased from May 15 1948, to June 10 1948; that I last saw him alive on June 10 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis

Due to: Obstruction of Bowels

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: E.L. Evans (M. D. or other)

Address: 318 1/2 College Date signed: 6/11/48
Spfld, Mo

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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

MOTHER FATHER

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Walter E. Hamel

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield MA

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 4819

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Sylvester C. Spear

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Div

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 17 1881
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 3
(If less than one day hr. min.)

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardioma ✓
of Sigmoid.
Choleraemia was made

Due to Dr. George Hopkins
to Ray Thomas Parize

Due to Heart Mass in region 2
Sigmoid = 8 cm long abnormal region

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature E. E. Evans (M. D. or other) _____
Address Springfield, Mo Date signed 7-8-48

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

SUPPLEMENTARY

S-19214