

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3845

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5114 Registrar's No. 16

I. PLACE OF DEATH

a. COUNTY Bollinger

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Zalma, Rural

c. LENGTH OF STAY (If in this place) life

d. FULL NAME OF HOSPITAL OR INSTITUTION Zalma, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Bollinger

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Zalma Rural-Hayden

d. STREET ADDRESS (If rural, give location) Near Zalma, Mo.

3. NAME OF DECEASED

a. (First) L. E. MUEH b. (Middle) G c. (Last) SPEER

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1950

5. SEX Male **6. COLOR OR RACE** White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 20, 1880

9. AGE (In years last birthday) 69 If under 1 year: Months 3 Days 22 If under 6 mos. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Speer **13b. MOTHER'S MAIDEN NAME** Amanda Lindley **14. NAME OF HUSBAND OR WIFE** Ida Kew Speer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____ **17. INFORMANT'S SIGNATURE OR NAME** Ida Kew Speer **ADDRESS** Zalma, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY DISTURBANCE OF HEART

ANTECEDENT CAUSES
DUE TO (b) CHRONIC MYOCARDITIS
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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** _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (a.e., to or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bollinger Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-9, 1950, to 2-11, 1950, that I last saw the deceased alive on 2-6, 1950, and that death occurred at 2:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. C. Masters **23b. ADDRESS** Adonise, Mo. **23c. DATE SIGNED** 2-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Feb. 14, 1950 **24c. NAME OF CEMETERY OR CREMATORY** Bell Cemetery **24d. LOCATION** (City, town, or county) (State) Bollinger Co. Missouri

25. FURNER'S SIGNATURE Willie Van Amburgh **25. FURNER'S SIGNATURE** Lloyd S. Morgan **ADDRESS** Adonise Mo.

(Licensed Embalmers' Statements on Reverse Side)

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

0090

RECEIVED

MAR 7 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-326

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~~ _____

William H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William H. Morgan

Licensed Embalmer No. 4678

P. O. Address Advance, 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.