

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22740

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4043 Registrar's No. 59

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

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>MARBLE HILL ROLLINGER</u> | a. STATE <u>MO.</u> | b. COUNTY <u>ROLLINGER</u> | b. COUNTY |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARBLE HILL, MO</u> | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARBLE HILL 1090</u> | d. STREET ADDRESS (If rural, give location) <u>NONE</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | | |

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|-------------------------------------|-----------------------------|------------------------------|-----------------------------|--------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>EDWARD</u> | b. (Middle) <u>EVARTS</u> | c. (Last) <u>SPEAKER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1950</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>12-21-1879</u> | 9. AGE (In years) (last birthday) (Months) (Days) (Hours) (Min.) <u>70 7 13</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u> | 11. BIRTHPLACE (State or foreign country) <u>BODKINS OHIO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>ANDREW S. SPEAKER</u> | 13b. MOTHER'S MAIDEN NAME <u>MERTHA E. SHINN</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</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>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>EVA LATIMER RR #1 DE KALB ILL.</u> | ADDRESS |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------|---------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | DUE TO (b) _____ | | <u>1/2 hour</u> |
| ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | | <u>4 501</u> |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

| | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from July 3, 1950, to Aug 7, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 12:57 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Olishant M. Rivers, D.C.</u> | 23b. ADDRESS <u>Box 12 Lutesville, Mo.</u> | 23c. DATE SIGNED <u>Aug 4, 50</u> |
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|------------------------------------------------------------|------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>8-6-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MOUND - CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>PANA ILL.</u> |
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|------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|-----------------------------------|
| DATE REC'D BY LOCAL REG. <u>Aug 8, 1950</u> | REGISTRAR'S SIGNATURE <u>Willie Saw</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u> | ADDRESS <u>LUTESVILLE, MO.</u> |
|------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|-----------------------------------|

RECEIVED AUG 10 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutsville, 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.