

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5159

5124

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>	
c. LENGTH OF STAY (In this place) <u>3 month</u>		d. STREET ADDRESS (If rural, give location) <u>223 Ming St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Naces Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>E.</u> c. (Last) <u>Speechley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 13, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 30, 1866</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retire Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Speechley</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Ann Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Jane Speechley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary J. Speechley Warrensburg, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Atherosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia -</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>4 221</u> <u>1 yr</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>Feb</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 2, 1951</u> , and that death occurred at <u>11:06 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>V. Stanton H. Hilcox M.D.</u>		23b. ADDRESS <u>Warrensburg Mo.</u>	23c. DATE SIGNED <u>2-16-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb. 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Sasannah Antelope</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. K. ... Warrensburg, Mo.</u>	

RECEIVED
FEB 20 1931
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JOHNSON COUNTY HEALTH DEPT:

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *H. W. Brumby*

Licensed Embalmer No. *377*

P. O. Address *Warrensburg, 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.