

STANDARD CERTIFICATE OF DEATH

State File No. _____

1952

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3839 Registrar's No. 477

1. PLACE OF DEATH

a. COUNTY Linn

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Marceline

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital

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

a. STATE Mo

b. COUNTY Chariton

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

d. STREET ADDRESS (If rural, give location) 1210 /

3. NAME OF DECEASED

a. (First) Anton

b. (Middle) John

c. (Last) Speichinger

4. DATE OF DEATH (Month) (Day) (Year) 4/21/52

5. SEX M

6. COLOR OR RACE W

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

8. DATE OF BIRTH May 24/1881

9. AGE (In years last birthday) 70

UNDER 1 YEAR Months 10 Days 27

UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Milstradt Ill

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Speichinger

13b. MOTHER'S MAIDEN NAME Elizabeth Stout

14. NAME OF MARRIED WIFE Kathryn Speichinger

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Kathryn Speichinger Mendon 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Embolism

ANTECEDENT CAUSES Exhaustion

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation

DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4343

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 4-19, 1952 to 4-21, 1952 that I last saw the deceased alive on 4-20, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Opheo W. Smith M.D.

23b. ADDRESS Marceline Mo

23c. DATE SIGNED 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/23/52

24c. NAME OF CEMETERY OR CREMATORY St Raphael

24d. LOCATION (City, town, or county) (State) Indian Grove Mo

DATE REC'D BY LOCAL REG. 4/22/52

REGISTRAR'S SIGNATURE Mary Jane Owens

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. K. Leipard Mendon Mo

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

581
0

NOV 25 1958

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

S. L. Leopold

Licensed Embalmer No.

3970

P. O. Address

Mendon 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.