THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20906

State File No. .....

BIRTH NO. 34721 FILED JUN 29 1953 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 223

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 1hr25m
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN Fulton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 202 Market St.

0145 0

3. NAME OF DECEASED (Type or Print) a. (First) Glen b. (Middle) Carl c. (Last) Speckhals

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1953

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0

8. DATE OF BIRTH June 18, 1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Fulton Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harold Speckhals

13b. MOTHER'S MAIDEN NAME Evalyn Shiverdecker

14. NAME OF HUSBAND OR WIFE —

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. no

17. INFORMANT'S SIGNATURE OR NAME Harold Speckhals Fulton Mo. ADDRESS

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Insufficient blood supply to placenta

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage into skin + scalp

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7615

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) m.

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* June 18, 1953, *to* June 18, 1953, *that I last saw the deceased alive on* June 18, 1953, *and that death occurred at* 8:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patricia F Lanier, MD. 0

23b. ADDRESS 607 Court St., Fulton

23c. DATE SIGNED 6/19/53

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

24b. DATE June 19, 1953

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

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

DATE REC'D BY LOCAL REG. June 22, 1953

REGISTRAR'S SIGNATURE Maretta Lawrence 4260

25. FUNERAL DIRECTOR'S SIGNATURE Marquis Funeral Home ADDRESS Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 37

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.