No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 1 - 1953

State File No. 22221

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5773 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morgan Twp
c. LENGTH OF STAY (In this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercer Co. Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morgan Twp. 0650 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cora b. (Middle) Leila c. (Last) Speakman

4. DATE OF DEATH (Month) (Day) (Year): 6-19-53

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W-idow

8. DATE OF BIRTH: 1-3-1859

9. AGE (In years last birthday): 94 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Mass. /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dexter Putman

13b. MOTHER'S MAIDEN NAME: Ruby Torrey

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): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mr Adin Speakman Princeton, Mo

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Myocarditis — Interval between onset and death: 4 years.

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

DUE TO (b) Senility

DUE TO (c)

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: 4221

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* 6-15, 1953, *to* 6-19, 1953, *that I last saw the deceased alive on* 6-15, 1953 *and that death occurred at* 4:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marian Lambert M.D.

23b. ADDRESS: Princeton, Mo.

23c. DATE SIGNED: 6/19/53

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

24b. DATE: 6-22-53

24c. NAME OF CEMETERY OR CREMATORY: Torrey

24d. LOCATION (City, town, or county) (State): Putnam Co. Mo.

DATE REC'D BY LOCAL REG.: 6-29-53

REGISTRAR'S SIGNATURE: 393-0

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Noel Moss Princeton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Harl Trask

Licensed Embalmer No. 2634

P. O. Address Houlton Me

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.