

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27392

State File No. _____

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 6090 Registrar's No. 25

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

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> | |
| c. LENGTH OF STAY (In this place) <u>35 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles N.E. of Sweet Springs</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> | | b. (Middle) <u>Lee</u> | |
| c. (Last) <u>Speers</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3 1953</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>MAY 10, 1868</u> |
| 9. AGE (In years last birthday) <u>85</u> | 10. UNDER 1 YEAR (Months) (Days) <u>222</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | |
| 13a. FATHER'S NAME <u>Henry Speers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sally White</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Sweet Rosa Speers</u> | | <u>Sweet Springs, MO</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 <u>Rosa Speers</u> ADDRESS <u>Sweet Springs, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4200</u> | |
| 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) (Min.) | | 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>July 11, 1953</u> to <u>Aug 2, 1953</u> , that I last saw the deceased alive on <u>Aug 2, 1953</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>James G. Ford</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Marshall Mo</u> | |
| 23c. DATE SIGNED <u>8-4-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>Aug 5 1953</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sweet Springs MO</u> | |
| DATE REC'D BY LOCAL REG. <u>8/17/53</u> | | REGISTRAR'S SIGNATURE <u>293</u> <u>Dolly Andrew Edson</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. Welch</u> | | ADDRESS <u>Sweet Springs MO</u> | |

The work of this embalmers certificate

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

Edgar Lee Mosley

Licensed Embalmer No. *4711*

P. O. Address

Sweet Springs 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.