

No. 300
10. 48

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41800

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6109 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY SCOTLAND COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JAMES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. UNION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0	
c. LENGTH OF STAY (in this place) 60 YRS		d. STREET ADDRESS (If rural, give location) SMILES N.E. MEMPHIS	
3. NAME OF DECEASED (Type or Print) EVA		4. DATE OF DEATH (Month) (Day) (Year) DEC 8 1953	
a. (First) EVA		b. (Middle) SPEAGH	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-24-1888
9. AGE (In years last birthday) 75		10. MONTHS 10 DAYS 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPING		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) SCOTLAND COUNTY MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J. P. TERNANT		13b. MOTHER'S MAIDEN NAME ALCINDA LOUGH	
14. NAME OF HUSBAND OR WIFE EARL SPEAGH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Maurine Speagh ADDRESS MEMPHIS 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from Sept 1943 to Dec 8 1953 that I last saw the deceased alive on Dec 7 1953 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE E. E. McMillan M.D. (Degree or title)		23b. ADDRESS Bellevue field Ind 12-9-53	
23c. DATE SIGNED 12-9-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 12-9-1953		24c. NAME OF CEMETERY OR CREMATORY MEMPHIS	
24d. LOCATION (City, town, or county) (State) MEMPHIS MO		25. FREEMAN DIRECTOR'S SIGNATURE H. W. Turner ADDRESS MEMPHIS MO	
DATE REC'D BY LOCAL REG. 12/11/53		REGISTRAR'S SIGNATURE Vern G. Turner	

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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Tenn

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.