

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22648

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>4182</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>New Haven Mo</u>		c. LENGTH OF STAY (in this place) <u>2 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Tony Laune Res. N.Haven, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tony Laune Residence</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u>		b. (Middle) <u>*****</u>		c. (Last) <u>SPECKH ALS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 19 54</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-23-1868</u>	
9. AGE (in years last birthday) <u>86</u>		10. UNDER 1 YEAR (Months) (Days) <u>2 26</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Little Berger, Mo.</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>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Little Berger, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Mueller</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Ignatz Speckhals</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Tony Laune, New Haven, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>OPRESSIVE HEAT</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>OPRESSIVE HEAT</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				E9310 22 <u>4 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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? <u>036</u>			
22. I hereby certify that I attended the deceased from <u>July 13, 1954</u> , to <u>July 19, 1954</u> , that I last saw the deceased alive on <u>July 19, 1954</u> , and that death occurred at <u>9:30 P. m.</u> , from the houses and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>W. H. Held</u>				23b. ADDRESS (City, town, or county) <u>New Haven, Mo</u>		23c. DATE SIGNED <u>7/21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Catholic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Berger, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/21/54</u>		REGISTRAR'S SIGNATURE <u>Hettie Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Shumer</u>		ADDRESS <u>Berger Mo</u>	

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Hugo + Emma

Licensed Embalmer No. _____

3160

P. O. Address _____

Heenan Ave

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

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