

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19163

State File No.

FILED JUN 29 1955

BIRTH NO.

REG. DIST. NO. 157

PRIMARY REG. DIST. NO. 3028

Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY OR TOWN Carthage		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks			STREET ADDRESS (If rural, give location) Route 4		
3. NAME OF DECEASED (Type or Print) THURMAN		a. (First)	b. (Middle)	c. (Last) SPEAKMAN	4. DATE OF DEATH (Month) (Day) (Year) June 15, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Sam Speakman		13b. MOTHER'S MAIDEN NAME Mary Ramey		14. NAME OF HUSBAND OR WIFE Dessia Wilson	
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 Dessia Speakman ADDRESS Route 4, Carthage		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					7 yr.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)		
			DUE TO (c)		331XH
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. Cancer of Prostate		6 wk.
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?	
22. I hereby certify that I attended the deceased from <u>11-28</u> , 19 <u>54</u> , to <u>6-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-15</u> , 19 <u>55</u> , and that death occurred at <u>8:10 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Frank H. Birmer (Degree or title) M.A.			23b. ADDRESS 121 West 4th, Carthage, Mo.		23c. DATE SIGNED 6-16-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-18-55	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri
DATE REC'D BY LOCAL REG. 6-17-55		REGISTRAR'S SIGNATURE Elly Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary ADDRESS Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
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CCC10 7 1968

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.....
Signature of Student Embalmer

Signed..... *Robert H. Knell*

Licensed Embalmer No. *44*

P. O. Address *Carthage*

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.