

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30461**  
Registrar's No. **146**

FILED SEP 26 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Salt Spring Twp.</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Huntsville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pleasant View Home</b>			STREET ADDRESS (If rural, give location) <b>Mulberry Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Specie</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 23 1955</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>August 13, 1882</b>		9. AGE (In years last birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Randolph County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Preston Specie</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Ann Hook</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Temple Patrick: Moberly, Missouri</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 hr.</b>  <b>years</b>  <b>years</b>
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) -----		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 <b>June 19 52</b> to <b>Sept 23, 1955</b> , that I last saw the deceased alive on <b>Sept. 22, 1955</b> , and that death occurred at <b>9:50 a.m.</b> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Morris C. Gely, D.O.</b>			23b. ADDRESS <b>Huntsville, Missouri</b>		23c. DATE SIGNED <b>9-23-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9-25-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>South of Darksville, Missouri</b>
DATE REC'D BY LOCAL REG. <b>9-24-55</b>		REGISTRAR'S SIGNATURE <b>Mary H. Bentley</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.B. Patton &amp; Sons, Huntsville, Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

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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..... *Paul Patton*

Licensed Embalmer No. *409*

P. O. Address *Huntsville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.