

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39856**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **327**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY OR TOWN Fulton (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Danning	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 State Hosp 1		e. STREET ADDRESS (If rural, give location) 0959	

3. NAME OF DECEASED (Type or Print) a. (First) State Hospital b. (Middle) Mora c. (Last) Speer			4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1955		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept 23 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3 Days 20	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) homework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY (Pl, S)
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13a. FATHER'S NAME Louis Westhoff	13b. MOTHER'S MAIDEN NAME Elizabeth Schuck	14. NAME OF HUSBAND OR WIFE OK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Owen Speer	ADDRESS Danning, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 260X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) home homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital	21c. (CITY, TOWN, OR TOWNSHIP) Fulton mo (COUNTY) Callaway mo (STATE) mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 24 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell to floor
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22. I hereby certify that I attended the deceased from **Nov 24**, 1955, to **Dec 13**, 1955, that I last saw the deceased alive on **Dec 12**, 1955, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm J Cremer (Degree or title) m & Jett	23b. ADDRESS Fulton mo	23c. DATE SIGNED Dec 13/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Dec. 15-1955	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	24d. LOCATION (City, town, or county) Danning, Mo (State) Mo
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DATE REC'D BY LOCAL REG. Dec-13-1955	REGISTRAR'S SIGNATURE Maretha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home	ADDRESS Fulton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

2

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 Arthur R. Masure..... Student Embalmer No. 57 working under my personal supervision..

Student AR Masure.....
Signature of Student Embalmer

Signed Denzil C. Browning.....

Licensed Embalmer No. 272.....

P. O. Address Fulton.....

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.