

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41523

FILED JAN 10 1956

State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		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 <u>Pemiscot County Mem. Hsp.</u>		No. STREET ADDRESS <u>Route One</u>	

3. NAME OF DECEASED (Type or Print) <u>Jesse Speight</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 23, '55</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>Feb. 28, 1883</u>	9. AGE (In years last birthday) <u>72</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Obion County, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Lafayette Speight</u>		13b. MOTHER'S MAIDEN NAME <u>Samanthia Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Mae Speight</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 <u>Finis Speight</u> ADDRESS <u>807 W. 6th. St. Caruthersville, Mo.</u>	

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) <u>Cerebral Hemorrhage</u>		DUPLICATE (b) <u>Hypertensive Cordis Vasculor</u>		<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>Renal Disease</u>		<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H42x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Jan 8, 1953 to 12/23, 1955, that I last saw the deceased alive on 12/23, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Warren L. McCoy M.D.</u>		23b. ADDRESS <u>Caruthersville Mo</u>		23c. DATE SIGNED <u>12/29/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-31-55</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>		ADDRESS <u>Funeral Home C'ville. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1-9-56

JAN 9 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *W Denver Aike*

Licensed Embalmer No. *4489*

P. O. Address *Caruthersville*

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.