No. 300
10.48

FILED APR 17 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

12875

State File No.

BIRTH NO. REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4181 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BERGER-BOEUF
c. LENGTH OF STAY (In this place): 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HER RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN: Berger
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 1/8 Mile South of City Limits

03600

3. NAME OF DECEASED (Type or Print): a. (First) MALVINA b. (Middle) JOHANA c. (Last) SPECKHALS
4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-8-1886
9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 2 Days: 7 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and State or Foreign Country): Berger RFD Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Charles Gatzemeyer
13b. MOTHER'S MAIDEN NAME: Josphine Dufner
14. NAME OF HUSBAND OR WIFE: Geo Speckhals
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: George Speckhals ADDRESS: Berger, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Died Suddenly

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cardio-vascular renal disease with congestive failure — 4 or 5 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Respiratory Infection — 10 to 14 days ago.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/14, 1956, *to* 4/15, 1956, *that I last saw the deceased alive on* 4/14, 1956, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. V. Eisenmann (Degree or title) M.D.
23b. ADDRESS: New Haven, Mo.
23c. DATE SIGNED: 4/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-18-1956
24c. NAME OF CEMETERY OR CREMATORY: St. Pauls Catholic
24d. LOCATION (City, town, or county) (State): Berger, Mo.

DATE REC'D BY LOCAL REG.: 4/16/56
REGISTRAR'S SIGNATURE: Nettie Murphy
25. FUNERAL DIRECTOR'S SIGNATURE: Paul H. Blumer ADDRESS: Berger Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

501

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. N. Pope

Licensed Embalmer No. 255

P. O. Address Herma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.