

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13782**BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5593 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Mo c. CITY OR TOWN Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattin (Rural)		c. LENGTH OF STAY (in this place) 63 yrs.	c. CITY OR TOWN DeSoto		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 R 1 DeSoto, Mo.			e. STREET ADDRESS (If rural, give location) R 1		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Frank	b. (Middle) X.	c. (Last) Speidel	(Month) Apr	(Day) 17	(Year) 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 7 1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) R 1 DeSoto, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Frank X. Speidel Sr.		13b. MOTHER'S MAIDEN NAME Victoria Baur		14. NAME OF HUSBAND OR WIFE Cecelia Speidel	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecelia Speidel R 1 DeSoto, 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, asphyxia, 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) Jury verdict		Accidental death				
ANTECEDENT CAUSES		DUE TO (b) Fractured Skull				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				
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 3		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT X SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) R 1 DeSoto Jefferson Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? wheel ran over head Fell from wagon
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo Church acting coroner		23b. ADDRESS 702 Taylor Crystal City Mo	23c. DATE SIGNED 4-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4 20 56	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) DeSoto, Mo.
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DATE REC'D BY LOCAL REG. 4-23-56	REGISTRAR'S SIGNATURE Marie Harris	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahn Funeral Home DeSoto, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

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APR 30 1956

DATE RECEIVED APR 27 1956

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 *Daniel J. Mohr*

Licensed Embalmer No. *43*

P. O. Address *W. B. St. 10*

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.