.S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36157

FILED OCT 24 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4514

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 15 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Haven Manor Nursing Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Johnson
c. CITY OR TOWN Olathe
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print)
a. (First) AMELIA
b. (Middle)
c. (Last) SPEER

4. DATE OF DEATH (Month) (Day) (Year) September 27, 1957

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH NOVEMBER 28, 1866
9. AGE (In years last birthday) 90 — If under 1 year: Months ~~8~~ Days ~~30~~ — 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 NONE
11. BIRTHPLACE (City and State or Foreign Country) SAVANNAH, ILLINOIS.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN SHONEHAIR
13b. MOTHER'S MAIDEN NAME LENA HAAS
14. NAME OF HUSBAND OR WIFE HENRY WILSON SPEER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Hughes W. Speer — **ADDRESS** Merriam, Kans.

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) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 7/20, 1956 *to* 9/27, 1957, *that I last saw the deceased alive on* 9/25, 1957, *and that death occurred at* 9:28 m., *from the causes and on the date stated above.*

23a. SIGNATURE J. D. Bennett **(Degree or title)** MD
23b. ADDRESS 409 E 63rd K.C. Mo.
23c. DATE SIGNED 9/28/57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 9-27-1957
24c. NAME OF CEMETERY OR CREMATORY OLATHE CEMETERY
24d. LOCATION (City, town, or county) OLATHE (State) KANSAS.

DATE REC'D BY LOCAL REG. 9-29-57
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE W. L. FRYE & SON **ADDRESS** OLATHE, KANSAS.

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

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

by me, or by Martin W Frye, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Martin W Frye

Licensed Embalmer No. 3615

P. O. Address Olathe Kan

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