

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

58-018519  
Start File No.

2284  
Registrar's No.

FILED MAY 23 1958

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>2284</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Miami</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City Mo. 6th</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Ossawatimie</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 (If not in hospital or institution, give street address or location) 'HOSPITAL OR INSTITUTION' <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1622 308 Main 61506</u>		
3. NAME OF DECEASED a. (First) <u>Glenn</u> (Middle) <u>William</u> c. (Last) <u>Speck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 5 58</u>		
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>10-28-1905</u>	9. AGE (In years last birthday) <u>52</u>
10a. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <u>Railroad Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bartlesville Okla.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Rayd B. Speck</u>	13b. MOTHER'S MAIDEN NAME <u>Grace</u>	14. NAME OF HUSBAND OR WIFE <u>C. Hunt Alberta Speck</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-16-5399</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G. W. Speck</u> ADDRESS <u>1622 308 Main 61506</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic Heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>  <u>7</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>?</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____		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 <u>5-4</u> , 19 <u>58</u> , to <u>5-5</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-4</u> , 19 <u>58</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Hubert M Parker MD</u>		23b. ADDRESS <u>928 Argyle Bldg</u>	23c. DATE SIGNED <u>5-5-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-5-58</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Ossawatimie, Kans.</u>
DATE REC'D BY LOCAL REG. <u>5-5-58</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eddy Funeral Home, Ossawatimie, Kans.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Hubert M. Parker

No. 300  
10.48



MAY 23 1950

**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.....

Licensed Embalmer No.....

P. O. Address.....

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.