

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-020492**

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 667

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF *H.F. Mundy, M.D.*

**FILED JUL 10 1961**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Joseph, Missouri</u>   |  | c. CITY OR TOWN <u>Marshall, Missouri</u>   |  |
| Length of stay in lb <u>7 Months</u>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Joseph State Hosp. #2</u>  |  | d. STREET ADDRESS (If outside, give location)<br><u>707 South Benton St.</u>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ROSETTA</u> Middle <u>E.</u> Last <u>SPEERS</u>  |  | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>1</u> Year <u>1961</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 24, 1876</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>   | 9. AGE (last birthday) <u>85</u>   |
| 11a. FATHER'S NAME <u>Benjamin Ballard</u>   |  | 11b. MOTHER'S MAIDEN NAME <u>Mary Bailey</u>  | 11. BIRTHPLACE (City and state or country) <u>Saline Co., Missouri</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |
| 13a. FATHER'S NAME   |  | 13b. MOTHER'S MAIDEN NAME   | 14. NAME OF HUSBAND OR WIFE <u>Edward Speers</u>   |
| 17. INFORMANT <u>Mrs. Harold Pittman</u>   |  | Address <u>Sweet Springs, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Broncho Pneumonia</u>   |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>   |
| DUE TO (b) <u>General Debility ; Senility</u>  |  |   | Unknown  |
| DUE TO (c) _____   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diseas January 31, 1961</u>   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| State Hospital Diagnosis <u>Chronic Brain Syndrome; Chronic Senile Brain</u>   |  |   |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |   |  |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20f. CITY, TOWN, OR LOCATION   |  | COUNTY  | STATE  |
| 21. I attended the deceased from <u>July 1, 1961</u> to <u>July 1, 1961</u> and last saw <u>her</u> alive on <u>July 1, 1961</u><br>Death occurred at <u>11:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>H.F. Mundy M.D.</u>   |  | 22b. ADDRESS<br><u>St Joseph Mo July 1-1961</u>   | 22c. DATE SIGNED   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE                              | 23c. NAME OF CEMETERY OR CREMATOR<br><u>Fairview Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Sweet Springs, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Meierhoffer-Fleeman F.H. St. Joseph, Missouri</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>July 3, 1961</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Clark Goodell</u>   |

**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 Raymond H. Hooy

Licensed Embalmer No. 5147

P. O. Address St. Joseph Mo

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.