

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045394

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 226

FILED JAN 2 1962

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY unknown	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lebanon		Length of stay in 1b 1hr, 50min.	c. CITY OR TOWN Kankakee
c. FULL NAME OF (IF NOT in hospital, give location) Louise G. Wallace Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1280 W. Lawn Drive
3. NAME OF DECEASED (Type or print) First Linda Middle Lee Last Speckman			4. DATE OF DEATH Month Dec. Day 21 Year 1961
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-10-43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) college student		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (last birthday) 18 yrs.
11. BIRTHPLACE (City and state or country) Des Moines, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME R.O. Speckman		13b. MOTHER'S MAIDEN NAME Emma Russow	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		17. INFORMANT R.O. Speckman, Kankakee, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured cervical spine + DUE TO (b) Fractured skull - laceration of DUE TO (c) scalp.			INTERVAL BETWEEN ONSET AND DEATH 40 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) she was driving Volkswagon convertible + apparently went to sleep, care of road + then she out.	
20c. TIME OF INJURY Hour 2:40 a.m. Month, Day, Year 12 21 1961		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION near Lebanon		COUNTY Laclede	STATE Missouri
21. I attended the deceased from 12-21-61 to 12-21-61 and last saw her alive on 12-21-61 Death occurred at 2:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B.B. Hurst M.D.		22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 12-26-61
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-23-61	23c. NAME OF CEMETERY OR CREMATORY Mound Grove	23d. LOCATION (City, town, or county) (State) Kankakee, Illinois
24. FUNERAL DIRECTOR J.J. Shadel, Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 12-26-1961	26. REGISTRAR'S SIGNATURE Hella L. Gray

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

Harold F. Tubel

Licensed Embalmer No. 5079

P. O. Address Spfld, 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.