

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3932

State File No. \_\_\_\_\_

FILED MAR 14 1949

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4004</u>		Registrar's No. <u>315</u>			
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Bolckow</u>		c. LENGTH OF STAY (in this place) <u>7 20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolckow</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>Bolckow mo</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>		b. (Middle) <u>ALONZO</u>		c. (Last) <u>SPURLOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 1949</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Jan 1-1875</u>			
				9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Lewis Spurlock</u>			13b. MOTHER'S MAIDEN NAME <u>un known</u>			14. NAME OF HUSBAND OR WIFE <u>Marvin Andrew Bartonville OKLA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marvin Andrew Bartonville OKLA</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>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (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 <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>March 2, 1949</u> , to <u>March 2, 1949</u> , that I last saw the deceased alive on <u>March 1, 1949</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W.B. Maxwell, D.O., Coroner</u>				23b. ADDRESS <u>307 W. Main, Savannah Mo</u>		23c. DATE SIGNED <u>3/4/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>3-5-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Auburn</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph mo</u>			
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. C. Creek</u>		ADDRESS <u>Savannah mo</u>			

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.

Signed..... *E. C. Breit* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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 this body is not embalmed, fact should be so stated above.