

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No.

No. 300
10-48

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BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Garfield St. /		d. STREET ADDRESS (If rural, give location) Garfield St.	
3. NAME OF DECEASED (Type or Print) a. (First) Allie Elizebeth b. (Middle) Spurgeon c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 25 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, RETIRED Widowed (Specify)	8. DATE OF BIRTH Nov. 9, 1872
9. AGE (In years last birthday) 76		10. MONTH 5	11. DAY 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) Mt Vernon, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Williams	
13b. MOTHER'S MAIDEN NAME Missouri Anna Woods		14. NAME OF HUSBAND OR WIFE Albert Taylor Spurgeon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mrs Mattie Jones		ADDRESS Jefferson City Mo	
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) Organic heart disease ANTECEDENT CAUSES Senility. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE SIGNED 4-26-49	
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 <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 April 25, 1949 to April 25, 1949 , that I last saw the deceased alive on April 25, 1949 and that death occurred at 6 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edwin Mansur Carr		23b. ADDRESS Jefferson City, MO	
23c. DATE SIGNED 4-26-49		24. LOCATION (City, town, or county) (State) Sheldon, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-27-49	24c. NAME OF CEMETERY OR CREMATORY St. James Cemetery	24d. LOCATION (City, town, or county) (State) Sheldon, Mo.
DATE REC'D BY LOCAL REG. April 25 - 49	REGISTRAR'S SIGNATURE R.P. Norris MD - NR 68	25. FUNERAL DIRECTOR'S SIGNATURE Victor Buecher	
		ADDRESS Jefferson City Mo	

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

Date Filed MAY 10 1949

District File Number

District Health Officer No. 9,

RECEIVED

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. 3 9/5

working under my personal supervision.

Edward P. Shelton

Student Bill L. Lamm
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.