

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4060

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5151 Registrar's No. 7

2138

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

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and location). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kidder Twp Rural</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kidder Twp. Rural</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Home to Mi So. Kidder Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Ralph Jewell</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Burwell</u> b. (Middle) <u>Grant</u> c. (Last) <u>Spurlock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1950</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>July 20, 1866</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>83 6 27 - -</u>			
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, and in present) <u>Farmer - Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>			11. BIRTHPLACE (State or foreign country) <u>Warren Co. Ill</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
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13a. FATHER'S NAME <u>Stephen Spurlock</u>			13b. MOTHER'S MAIDEN NAME <u>Mary M. Gray</u>			14. NAME OF HUSBAND OR WIFE <u>Sarah Booth</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, and town) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Helen Jewell, Kidder, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>						3 da	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>						9 da	
		II. OTHER SIGNIFICANT CONDITIONS						10 yrs	
		Conditions contributing to the death but not related to the disease or condition causing death.						332X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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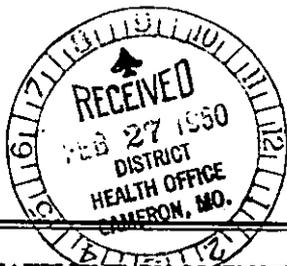
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 8, 1949, to Feb 18, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Caldwell Mo</u>		23c. DATE SIGNED <u>2/19/50</u>	
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24a. RURAL, CREMATION, TOMB REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Feb 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kidder Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 18 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>[Signature] Funeral Home, Hamilton Mo</u>	
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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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3052

P. O. Address Decatur, 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.