DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1950

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24113

Registration District No. 225 — Primary Registration District No. 5797 — Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Moniteau
(b) City or town: Fortuna (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether
In this community -- 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau
(c) City or town: Fortuna (If outside city or town limits, write "RURAL")
(d) Street No.: -- (If rural, give location) 0 6 E 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: OTTO S. SPURGEON
3. (b) If veteran, name war: No
3. (c) Social Security No. 493-22-2183
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stella Birdsong Spurgeon
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: June 29, 1885 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	1	2	- hr. - min.

9. Birthplace: near Tipton, Mo. (City, town, or county) U.S.A. (State or foreign country)
10. Usual occupation: Hotel Operator
11. Industry or business: Hotel
FATHER
12. Name: Henry David Spurgeon
13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name: Dora Howard 0
15. Birthplace: Tipton, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Stella Spurgeon
(b) Address: Fortuna, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 2, 1950 (Month) (Day) (Year)
(c) Place: burial or cremation: Clarksburg Masonic Cem.
18. (a) Signature of funeral director: Richard D. Conn
(b) Address: Conn Funeral Home, Tipton, Mo.
19. (a) Aug 2-1950 (Date received local registrar) (b) Mrs. Maude Hudson 203 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1950 hour 4 minute a. M.
21. I hereby certify that I attended the deceased from July 31, 1950 to July 31, 1950; that I last saw h — alive on about July 1, 1950; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

4 2 1

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature: A J Gunn Md (M. D. or other)
Address: Versailles Mo Date signed: Aug 1-50

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8/9/5
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8/9/50

AUG 17

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~~ --

, Registered Apprentice No. --

working under my personal supervision.

Signed Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Box 243, Tipton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.