

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30831

State File No.

FILED OCT 4 1951

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 7319 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLE	
c. LENGTH OF STAY (in this place) 5 yrs		d. STREET ADDRESS (If rural, give location) U	
d. FULL NAME OF HOSPITAL OR INSTITUTION family home			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) JASPER	c. (Last) SPURGEON	4. DATE OF DEATH (Month) (Day) (Year) SEPT 23 51
-------------------------------------	---------------------------	---------------------------	---------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 25 - 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	10b. KIND OF BUSINESS OR INDUSTRY BAPTIST CHURCH	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME JAMES SPURGEON	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE NANCY BRANSON
--	---------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If active war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CHAT SPURGEON, BELLE, MO.	ADDRESS
---	-------------------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
<p>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>	1. DISEASE OR CONDITION (Specify) LEADING TO DEATH* (a) Bronchial Pneumonia (Primary)		
	2. UNDERLYING CAUSES (Specify) (b) _____		
	3. OTHER SIGNIFICANT CONDITIONS (Specify) (c) _____		
	4. OTHER SIGNIFICANT CONDITIONS (Specify) (d) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) SUICIDE	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) (Min.)	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 7/15, 1951, to 9/23, 1951, that I last saw the deceased alive on 9/17, 1951, and that death occurred at 5:28 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 2 Belle, Mo	23c. DATE SIGNED 9/25/51
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/26/51	24c. NAME OF CEMETERY OR CREMATORY HIGHGATE CEMETERY	24d. LOCATION (City, town, or county) (State) MARIES COUNTY, MO.
---	--------------------------	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 9-28-51 Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS SASSMANN'S FUNERAL SERVICE BELLE
---	---	---

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

630

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 2 1951

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur Sasonen

Licensed Embalmer No. 4178

P. O. Address Blair

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.