S. No. 300
. 10-48

FILED OCT 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30911

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 24

0710

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Haw Creek
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): - None -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Haw Creek twn. 0710
d. STREET ADDRESS (If rural, give location): 5 mi. W. of Versailles

3. NAME OF DECEASED (Type or Print)
a. (First): C.
b. (Middle): E.
c. (Last): SpurLock

4. DATE OF DEATH (Month) (Day) (Year): Sept 30 - 1951

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct 4 - 1885
9. AGE (In years last birthday): 65 — If under 1 year: Months 10, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Morgan County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Haywood Spurlock
13b. MOTHER'S MAIDEN NAME: Nancy E. Minor
14. NAME OF HUSBAND OR WIFE: Betty Spurlock

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.:
17. INFORMANT'S SIGNATURE OR NAME: Paul Spurlock - Versailles, Mo.
ADDRESS:

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Status asthmaticus	5 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	allergic asthma	15 years
DUE TO (c)	Chronic emphysema	20 years
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: 241X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 1950, *to* Sept. 30, 1951, *that I last saw the deceased alive on* Sept. 30, 1951, *and that death occurred at* 5:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Gunn MD.
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 10-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-Oct '51
24c. NAME OF CEMETERY OR CREMATORY: Versailles City Cem
24d. LOCATION (City, town, or county) (State): Versailles, Mo

DATE REC'D BY LOCAL REG.: Oct 4 1951
REGISTRAR'S SIGNATURE: Wm L. Ripperger 212
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. [illegible]
ADDRESS: Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-8-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 10-8-51

DEC 17 1951

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 Zane Bartram
Licensed Embalmer No. 4021
P. O. Address Versailles, 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.