

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42484

State File No.

FILED DEC 26 1951

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>City</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oklahoma City</u>		850
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Huckins Hotel</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>A.</u> c. (Last) <u>SPURLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 19, 1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Company</u>		11. BIRTHPLACE (State or foreign country) <u>Versailles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Syd T. Spurlock</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Ashton</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 1</u>		16. SOCIAL SECURITY NO. <u>352-05-3332</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. D. P. Dyer, Sedalia, Missouri</u>			ADDRESS
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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, ashenia, 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) <u>Bright disease</u>		DUE TO (b) <u>Hypertension</u>				<u>10 yr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>uremia</u>				<u>15 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>10 da.</u>

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) m.			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 12-25 1951, to 12-18 1951, that I last saw the deceased alive on 12/18, 1951, and that death occurred at 8:21 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. D. P. Dyer</u> (Degree or title)		23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>12/19/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 20, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>12-19-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sedalia, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

2804

RECEIVED DEC 28 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 28 1951

JUL 2 1952

JUN 25 1952

MAR 29 1954

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 *Russell C Maag*

Licensed Embalmer No. *4804*

P. O. Address *Sedalia, 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.