No. 300
10.48

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39564

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4351 Registrar's No. 45

0710 1

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

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BARNETT
c. LENGTH OF STAY (in this place): 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNETT

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): BARNETT 0710 01
d. STREET ADDRESS (If rural, give location): BARNETT

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM — b. (Middle) WARDAN — c. (Last) SPURLOCK

4. DATE OF DEATH (Month) (Day) (Year): Dec — 9 — 1952

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6 Nov 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 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: Religion
11. BIRTHPLACE (State or foreign country): KNOX — CO — KY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm — A — SPURLOCK
13b. MOTHER'S MAIDEN NAME: SUSAN — KEPLER
14. NAME OF ~~HUSBAND~~ OR WIFE: Rebbecca — SPURLOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MARY — BAILY — ADDRESS: BARNETT — MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE 4222
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.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NONE

22. *I hereby certify that I attended the deceased from* Dec. 8, 1952, *to* Dec. 9, 1952, *that I last saw the deceased alive on* 9 Dec, 1952, *and that death occurred at* 2:A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robt. E. Murrell D.O.
23b. ADDRESS: ELDON — MO
23c. DATE SIGNED: 10 Dec — 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12 Dec 52
24c. NAME OF CEMETERY OR CREMATORY: Big — Rock —
24d. LOCATION (City, town, or county) (State): MORGAN — CO — MO

DATE REC'D BY LOCAL REG.: Dec 12 — 1952
REGISTRAR'S SIGNATURE: J. L. Washburn M.D. 2/4 — 0
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Rays — ADDRESS: ELDON MO

Per Jera O. Kidwell, Deputy

(Licensed Embalmer's Statement on Reverse Side)

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 Keith M Kays

Licensed Embalmer No. 1399

P. O. Address Eldon 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.