

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6615**

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 16

0500

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

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rock Township		c. LENGTH OF STAY (In this place) 1 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rock Township		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Near ? Barnhart, Mo.			d. STREET ADDRESS (If rural, give location) Home near Barnhart, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES D. b. (Middle) SPURLING c. (Last) JAMES D. SPURLING			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1953		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 2, 1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker		10b. KIND OF BUSINESS OR INDUSTRY Steel Co.	11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John R. Spurling		13b. MOTHER'S MAIDEN NAME Mrs. ?? Hogan		14. NAME OF HUSBAND OR WIFE Catherine Spurling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Catherine Spurling	ADDRESS Barnhart, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of the stomach DUE TO (c) 151X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertrophy of the prostate				INTERVAL BETWEEN ONSET AND DEATH 3 months
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (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 <u>Sept</u> , 19 <u>52</u> , to <u>Feb 23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2:30</u> , 19 <u>53</u> , and that death occurred at <u>9A</u> m., from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) Arthur B. Jernstedt, D.O.			23b. ADDRESS Festus, Mo.		23c. DATE SIGNED 2-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 25, 1953	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 2-28-53	REGISTRAR'S SIGNATURE Keith Jernstedt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heiligtag Funeral Home Imperial, Mo		

MAR 17 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI.

DATE RECEIVED

MAR 2 1953

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 Elmer R. Whitely

Licensed Embalmer No. 357

P. O. Address Imperial 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.