

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22254

State File No. 4719

Registrar's No. 119

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

1. PLACE OF DEATH
a. COUNTY **Butler - Poplar Bluff Twp.** 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
STATE **Mo.** b. COUNTY **Butler**

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
OR TOWN **Rural 67 N.** **Life**
c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **Rural Poplar Bluff**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1 Mile N. 67 Hwy.** d. STREET ADDRESS (If rural, give location)
R. R. 1 Box 54 P. B. Mo. 0120

3. NAME OF DECEASED a. (First) **Deborah** b. (Middle) **Jane** c. (Last) **Spurlock** 4. DATE OF DEATH (Month) (Day) (Year)
6-1-54

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **11-15-1874** 9. AGE (In years last birthday) **79** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Housekeeping** 11. BIRTHPLACE (State or foreign country) **Mo** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William Burkeen** 13b. MOTHER'S MAIDEN NAME **Esther Griffith** 14. NAME OF HUSBAND OR WIFE **Drew Sperlock**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **---** 16. SOCIAL SECURITY NO. **----** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. D.R. Scott Poplar Bluff.** 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Vasculature Accident**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Generalized Arteriosclerosis**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerotic Heart Disease**
INTERVAL BETWEEN ONSET AND DEATH **2 wks**
years
years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **331 X** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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) 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 **4-24**, 19**54**, to **6-1**, 19**54**, that I last saw the deceased alive on **5-30**, 19**54**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Norman E. Wilkie M.D.** 23b. ADDRESS **218 N. Broadway Poplar Bluff Mo.** 23c. DATE SIGNED **6-11-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6-3-54** 24c. NAME OF CEMETERY OR CREMATORY **Sparkman Cemetery** 24d. LOCATION (City, town, or county) (State) **Butler Co. Mo.**

DATE REC'D BY LOCAL REG. **7/31/54** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **Greer-Croy-Fitch** ADDRESS **P. B. Mo.**

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

M. W. Wilkie

RECEIVED

AUG 2 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 6-1-54

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff 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.