

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14125**

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5842 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Missouri, Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1 mi East of RACINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DAYTON Twp.</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print)		b. (Middle) <u>L.</u> c. (Last) <u>SPURGIN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>2-18-1884</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Jewell County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>			
13a. FATHER'S NAME <u>THOMAS J. SPURGIN</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE MARTINDALE</u>	
13c. NAME OF HUSBAND OR WIFE <u>RUBY SPURGIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>514-07-1361</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RUBY SPURGIN, RACINE MO.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of throat</u> 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		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) <u>148x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Dec</u> , 1951, to <u>April 9</u> , 1956, that I last saw the deceased alive on <u>Dec 5</u> , 1956, and that death occurred at <u>4:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>K. Reynolds M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>4-12-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-11-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BURKHART</u>		24d. LOCATION (City, town, or county) (State) <u>Newton County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-13-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>		ADDRESS <u>Neosho Mo</u>	

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

RECEIVED

District of Health Officers No. Newton
District File Number 447-50
Date Filed APR 26 1958

REC'D 26 1958

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 Barley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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.