

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004394

STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 3

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1-57

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barton</u>                                                                                                                                                                                                                                                           |                               |                                                                                                                                                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> |                                                                        |                                                                                                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Liberal, Missouri</u>                                                                                                                                                                                                       |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | c. CITY<br>OR<br>TOWN <u>Liberal, Missouri</u>                                                                                            |                                                                        | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>Home</u>                                                                                                                                                                                                          |                               | Length of stay in 1b                                                                                                                                        | d. STREET<br>ADDRESS (If outside, give location)                                                                                          |                                                                        | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Robert</u> Middle <u>Lincoln</u> Last <u>Trent</u>                                                                                                                                                                                                  |                               |                                                                                                                                                             | 4. DATE<br>OF<br>DEATH<br>Month <u>2</u> Day <u>10</u> Year <u>1958</u>                                                                   |                                                                        |                                                                                                                  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                                                                                     | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 5, 1878</u>                                                                                                  |                                                                        | 9. AGE (In years<br>last birthday) <u>79</u><br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done<br>during most of working life, even if retired)<br><u>Farmer (retired)</u>                                                                                                                                                                              |                               | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><u>Farm</u>                                                                                                         |                                                                                                                                           | 11. BIRTHPLACE (City and state or country)<br><u>Galesburg, Kansas</u> |                                                                                                                  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                                                                                                                                                                                          |                               | 13a. FATHER'S NAME<br><u>Unknown</u>                                                                                                                        |                                                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>                            |                                                                                                                  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Mary Brewer Spurling</u>                                                                                                                                                                                                                                             |                               | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                   |                                                                                                                                           | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>                              |                                                                                                                  |
| 17. INFORMANT<br><u>Earl Spurling--Step-son</u>                                                                                                                                                                                                                                                        |                               | Address<br><u>Liberal, Mo.</u>                                                                                                                              |                                                                                                                                           |                                                                        |                                                                                                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Modulary Failure</u><br>DUE TO (b) <u>Thrombotic Encephalomalacia</u><br>with <u>Hemorrhage</u><br>DUE TO (c) <u>Arteriosclerosis &amp; Diabetes Mellitus</u> 331X |                               |                                                                                                                                                             |                                                                                                                                           |                                                                        | INTERVAL BETWEEN<br>ONSET AND DEATH<br><u>1 day</u><br><u>4 hrs.</u><br><u>8 yrs</u>                             |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a)<br><u>Obesity, Chronic Passive Congestion, Senile Dementia</u>                                                                                                         |                               |                                                                                                                                                             |                                                                                                                                           |                                                                        | 19. WAS AUTOPSY<br>PERFORMED? <u>9</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                              |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                                                                                                                           |                                                                        |                                                                                                                  |
| 20c. TIME OF<br>INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.                                                                                                                                                                                                                                        |                               |                                                                                                                                                             |                                                                                                                                           |                                                                        |                                                                                                                  |
| 20d. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> NOT WHILE<br>WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>                                                                                                                                                                  |                               | 20e. PLACE OF INJURY (e.g., in or about home,<br>farm, factory, street, office bldg., etc.)                                                                 |                                                                                                                                           | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                              |                                                                                                                  |
| 21. I attended the deceased from <u>July 22, 1950</u> to <u>Feb. 2, 1958</u> and last saw <u>him</u> alive on <u>Feb. 2, 1958</u><br>Death occurred at <u>9 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                |                               |                                                                                                                                                             |                                                                                                                                           |                                                                        |                                                                                                                  |
| 22a. SIGNATURE (Degree or title)<br><u>Munroe Kneeland, D.O.</u>                                                                                                                                                                                                                                       |                               |                                                                                                                                                             | 22b. ADDRESS<br><u>Liberal, Missouri</u>                                                                                                  |                                                                        | 22c. DATE SIGNED<br><u>2/12/58</u>                                                                               |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br><u>burial</u>                                                                                                                                                                                                                                          |                               | 23b. DATE<br><u>2/13/58</u>                                                                                                                                 | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Forrest Chapel Cemetery</u>                                                                      |                                                                        | 23d. LOCATION (City, town, or county) (State)<br><u>Greenfield, Missouri</u>                                     |
| 24. FUNERAL DIRECTOR<br><u>Melba J. Montague</u>                                                                                                                                                                                                                                                       |                               | ADDRESS<br><u>Liberry, Ks</u>                                                                                                                               |                                                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><u>February 12, 1958</u>               | 26. REGISTRAR'S SIGNATURE<br><u>Charlotte McDowell</u>                                                           |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were related. All diseases in Part I must be causally related.

FEB 20 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 .....  
Signature of Student Embalmer

Signed *W. Smith* .....

Licensed Embalmer No. *3969* .....  
P. O. Address *Pittsburgh* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.