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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–023778
STATE FILE NUMBER

FILED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6215

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Firmin Desloge Hospital — Length of stay in 1b: 21 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ohio
b. COUNTY: Montgomery
c. CITY OR TOWN: Dayton — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 714 Walton Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: Last: SPURLOCK
4. DATE OF DEATH: Month: JUNE Day: 17 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 27, 1909
9. AGE (In years last birthday): 49 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Luther Spurlock
13b. MOTHER'S MAIDEN NAME: Dosia Watson
14. NAME OF HUSBAND OR WIFE: Lydia Spurlock
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Lydia Spurlock, Address: 714 Walton - Dayton, Ohio

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RENAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) BILATERAL GANGRENE OF LEGS — 5 DAYS
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS — 2 YEARS?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness given in PART I (a): POST OP BLOOD VESSEL GRAFTS TO LEGS, SYMPATHECTOMY.
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 450.1
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1958, to June 17 1958 and last saw her (him) alive on June 16, 1958
Death occurred at 3:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: William J. Fitzpatrick M.D. (Degree or title)
22b. ADDRESS: 1325 S. Grand St. Louis Mo.
22c. DATE SIGNED: June 17 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-17-58
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county): Dayton, Ohio (State)

24. FUNERAL DIRECTOR: Albert H. Hoppe, ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 18 '58
26. REGISTRAR'S SIGNATURE: R. Carl Smith M.D.
(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.