

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033538

STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 210 Primary Registration District No. 432 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prince ton		c. CITY OR TOWN Mt. Moriah	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Honer Austin Spurling		4. DATE OF DEATH September 5, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Mercer County, Missouri.
13a. FATHER'S NAME Draper Spurling		13b. MOTHER'S MAIDEN NAME Clara Woodward	14. NAME OF HUSBAND OR WIFE Tina Spurling
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Tina Spurling, Mt. Moriah, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest during anesthesia DUE TO (b) General debility and asthma DUE TO (c) Hypertrophy of prostate & bilateral inguinal hernia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610X			INTERVAL BETWEEN ONSET AND DEATH 1mm. 6 mo.
19. WAS AUTOPSY PERFORMED? 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 form 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 November 1957 9-5-58 and last saw her/him alive on 9-5-58 Death occurred at 10:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Byron I. Axtell (Degree or title) D. O. 2		22b. ADDRESS Princeton, Missouri.	
22c. DATE SIGNED 9-8-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 12, 1958	
23c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery		23d. LOCATION (City, town, or county) (State) Cainsville, Mo.	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. 9-8-58	
ADDRESS Cainsville, Mo.		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, by Eddie J. Steklasa, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Eddie J. Steklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.