

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009286

FILED VS MAR 3 1960 317

STATE FILE NUMBER

Registration District No. 590 Primary Registration District No. 494 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Wellston</b>		Length of stay in 1b <b>3 yrs. 5 mos.</b>	c. CITY OR TOWN <b>Centralia</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1002 E. Second Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>GROVER</b> Middle <b>C.</b> Last <b>SPURGEON</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>13</b> Year <b>1960</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/4/84</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>6</b> Days	IF UNDER 24 HR. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Shelby County, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Spurgeon</b>	13b. MOTHER'S MAIDEN NAME <b>Salina Fry</b>	14. NAME OF HUSBAND OR WIFE <b>Dola Spurgeon</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Mrs. Dola Spurgeon, wife, 1002 E. Second Street, Centralia, Ill.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Terminal Pneumonia</b>	<b>2 days</b>
	<b>Influenza</b>	<b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Generalized Arteriosclerosis</b>	<b>Years</b>
	DUE TO (c) <b>Generalized Osteoarthritis</b>	<b>"</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Involutional Depressive Reaction - Hypertension</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 item 18.)
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20c. TIME OF INJURY Hour <b>2:00 P.M.</b> Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 <b>Centralia, Ill.</b>	COUNTY <b>Shelby</b>	STATE <b>Ill.</b>
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21. I attended the deceased from **Aug. 31, 1956**, to **Feb. 13, 1960** and last saw him alive on **Feb. 13, 1960**  
Death occurred at **2:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree & title) <b>T. E. Ketchum M.D.</b>	22b. ADDRESS <b>7301 St. Charles Rock Rd.</b>	22c. DATE SIGNED <b>2/13/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2/14/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Memorial Park, Sandoval Township, Marion Co., Illinois</b>	23d. LOCATION (City, town, or county) (State) <b>Centralia, Ill.</b>
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24. FUNERAL DIRECTOR <b>McLaughlin's, 2301 Lafayette</b>	25. DATE RECD. BY LOCAL REG. <b>2-13-60</b>	26. REGISTRAR'S SIGNATURE <b>J. B. Murphy M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 5 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 338A

P. O. Address St. Louis

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.