

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b	c. CITY OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4234 Beck Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
 EARL KENLEY SPURLOCK Dec. 16th, 1960

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 Jan. 29, 1909	9. AGE (last birthday) 51	IF UNDER 1 Year Months Days	IF UNDER 24 HR Hours Min.
-------------	------------------------	---	--------------------------------	---------------------------	-----------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed	10b. KIND OF BUSINESS OR INDUSTRY Service Station	11. BIRTHPLACE (City and state or country) Sedan, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	--	------------------------------------

13a. FATHER'S NAME Oscar K. Spurlock	13b. MOTHER'S MAIDEN NAME Nancy Wilson	14. NAME OF HUSBAND OR WIFE Cora Spurlock
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No 512-07-0972	17. INFORMANT Address Cora Spurlock-4234 Beck Ave.
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis.
 (b) Arteriosclerosis -
 (c) Basilar Artery Thrombosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 332x
--	---	---

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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 COUNTY STATE
--	--	---

21. I attended the deceased from 12-5-60 to 12-16-60 and last saw him alive on 12-16-60
 Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. M. Komaneckis M.D.	22b. ADDRESS St. Louis, Mo 50053 Kingshighway (9)	22c. DATE SIGNED 12-17-60
--	---	---------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	23b. DATE Dec. 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Sedan, Kansas	23d. LOCATION (City, town, or county) (State) Sedan, Kansas
--	-------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Kriegshausner-4228 S. Kingshighway Blvd.	25. DATE RECD. BY LOCAL REG. DEC 17 1960	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William B. White

Licensed Embalmer No. 428

P. O. Address 4228 Astor

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.