MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-010422
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 8

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canaan Twp. — Length of stay in 1b: 20 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY OR TOWN Owensville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Route 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Harriet Middle Agnes Last Spurgeon
4. DATE OF DEATH: Month March Day 15 Year 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-22-1892
9. AGE (last birthday): 69 — 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): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Vienna, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Brown
13b. MOTHER'S MAIDEN NAME: Harriet Agnes Crum
14. NAME OF HUSBAND OR WIFE: Andrew E. Spurgeon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Andrew E. Spurgeon Address: Owensville, Mo.

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) Thrombosis to Rt Popliteal Artery
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myocardial Infarction
DUE TO (c) Coronary Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 11/10/50 to 3/15/62 and last saw her/him alive on 3/14/62
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 (Degree or title): James L. Shea MD.
22b. ADDRESS: Herald Mo
22c. DATE SIGNED: 3/16/62
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3-18-1962
23c. NAME OF CEMETERY OR CREMATORY: Licklider Cemetery
23d. LOCATION (City, town, or county) (State): Owensville, Mo. Rt.
24. FUNERAL DIRECTOR: Gottenstroeter Funeral Home ADDRESS: Owensville, Mo.
Milford H. Winter
(Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: March 17, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Marvin Tappmeyer

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0370		
2	0370		
3	1		
4	1		
5	1		
6			
7	0		
8	0		
9	4201		
10			
11			
12	90-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Owensville 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.