

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022096

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 746

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1962

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Length of stay in 1b 57 years | c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wyatt Park Nursing Home 2705 Lafayette | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1302 N. 18th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ORA Middle B. Last SPURGEON | | | 4. DATE OF DEATH Month June Day 21 Year 1962 |
| 5. SEX female | 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 12/31/1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Dept. Store | 9. AGE (last birthday) 79 IF UNDER 1 YEAR Months Days Hours Min. |
| 11a. BIRTHPLACE (City and state or country) Holland, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME John E. Roberts | | 13b. MOTHER'S MAIDEN NAME Bernice E. Wild | 14. NAME OF HUSBAND OR WIFE David M. Spurgeon |
| 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 Address David Spurgeon, 1302 N. 18th, St. Joseph, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Hypertensive Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | | Unknown |
| DUE TO (c) | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) | |
| 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 4/2/62 to 6/21/62 and last saw her alive on 6/20/62 Death occurred at 6:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE D.E. Sklenen M.D. (Degree or title) | | 22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo. | 22c. DATE SIGNED 6/22/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 6/25/1962 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph Mo. |
| 24. FUNERAL DIRECTOR Wheaton-Bauman, St. Joseph, Mo. | | 25. DATE RECD. BY LOCAL REG. June 28, 1962 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

CERTIFICATION BY AFFIDAVIT OF **D.E. Sklenen M.D.**

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 *Thomas O. Smith*

Licensed Embalmer No. 3928

P. O. Address 319 So 10th
St Joseph, 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.