

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027350

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3769

FILED AUG 2 1962	
1. PLACE OF DEATH	
a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI COUNTY JACKSON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4943 SOUTH BENTON	c. CITY OR TOWN KANSAS CITY
Length of stay in lb 39 YEARS	d. STREET ADDRESS (If outside, give location) 4943 SOUTH BENTON
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First FERN	Middle HAZEL
Last SPURLOCK	4. DATE OF DEATH
Month JULY	
Day 17th	
Year 1962	
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-8-1900
9. AGE (last birthday) 62	
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) HOUSEWIFE	
10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (City and state or country) COLLINS IOWA	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN. W. BLOOMFIELD	
13b. MOTHER'S MAIDEN NAME MINNIE BELCHER	
14. NAME OF HUSBAND OR WIFE JOHN. E. SPURLOCK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give number dates of service) NO NONE	
16. SOCIAL SECURITY NO. NONE	
17. INFORMANT KANSAS CITY MISSOURI JOHN. E. SPURLOCK 4942 SOUTH BENTON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Suppuration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Placed plastic bag over head	
20c. TIME OF INJURY Hour a.m. p.m. 7-1762	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.) Home	
20f. CITY, TOWN, OR LOCATION Kansas City Jackson Sas	
21. I attended the deceased from 6.30 P. to 6.30 P. and last saw her/him alive on 7-17-62 Death occurred at 6.30 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Geo C. Kealhofer	
22b. ADDRESS 6627 Peach UT 3020	
22c. DATE SIGNED 7-18-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 19, '62
23c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	
23d. LOCATION (City, town, or county) COLLINS IOWA	
24. FUNERAL DIRECTOR D.W. Newcomer's	25. DATE RECD. BY LOCAL REG. 7-19-62
26. REGISTRAR'S SIGNATURE Ruth N Long	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Geo C. Kealhofer
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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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

Vern Fowler

Licensed Embalmer No. 4915

P. O. Address 16th

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.