

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037839

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5735 Registrar's No. 1064

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1962

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ash Hill Township		c. CITY OR TOWN Poplar Bluff, Mo	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R Crossing, Hy. 60&51		d. STREET ADDRESS (If outside, give location) 1501 Truman	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Jean Last Spurlock			4. DATE OF DEATH Month Sept Day 26 Year 1962		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-24-42	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Unemployed	11. BIRTHPLACE (City and state or country) Fisk, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joe Spurlock	13b. MOTHER'S MAIDEN NAME Vella Mae Lockley	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT Vella Spurlock, Fisk, MO.	Address
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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) Multiple fractures and internal injuries		few minutes
DUE TO (b) Collision of Railroad train and auto		
DUE TO (c) Collision of Railroad train and auto		
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 checked="" 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.) Collision train and auto
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20c. TIME OF INJURY Hour 12:20 a.m. p.m. Month Sept. Day 26 Year 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway R.R. Crossing	20f. CITY, TOWN, OR LOCATION Butler County	COUNTY	STATE mo
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glover Wheeler Crowner (Degree or title)	22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED 10-2-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-28-62	23c. NAME OF CEMETERY OR CREMATORY Shain Memorial	23d. LOCATION (City, town, or county) Fisk, Mo.	(State)
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24. FUNERAL DIRECTOR Carl White ADDRESS Fisk, Mo	25. DATE RECD. BY LOCAL REG. 10/24/1962	26. REGISTRAR'S SIGNATURE Thelma Graham
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 0120
 2029
 3
 4 0
 5 0
 6
 7 0
 8 0
 9 X
 10
 11 012
 12 1-3
 13 1-1
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON
 BY AFFIDAVIT OF

OCT 29 1962

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme, 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.