

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 178

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
1. <u>EDWARD ROSCOE SPURGEON</u>						2. <u>MALE</u>	3. <u>4/16/71</u>				
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH			
4. <u>WHITE</u>			5a. <u>81</u>	5b.	5c.	6. <u>8/5/89</u>		7a. <u>ST. FRANCOIS</u>			
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. <u>FARMINGTON, Mo.</u>			7c. <u>NO</u>			7d. <u>FARMINGTON COMMUNITY HOSPITAL</u>					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. <u>MISSOURI</u>			9. <u>U.S.A.</u>			10. <u>MARRIED</u>		11. <u>PEARL SPURGEON</u>			
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY					
12. <u>491-36-2051</u>			13a. <u>ELECTRICIAN</u>			13b. <u>CITY ELECTRICAL ENGINEER</u>					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION			INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
15. <u>MISSOURI</u>		14b. <u>ST. FRANCOIS</u>	14c. <u>FARMINGTON</u>			14d. <u>YES</u>		14e. <u>15 So. ALEXANDER</u>			
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME					
15. <u>HENRY SPURGEON</u>						16. <u>UNKNOWN</u>					
INFORMANT—NAME					MAILING ADDRESS						
17a. <u>MRS. PEARL SPURGEON</u>					17b. <u>15 So. ALEXANDER FARMINGTON, Mo.</u>						
PART I. DEATH WAS CAUSED BY:			(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. IMMEDIATE CAUSE			(a) <u>Cancer Rectum</u>				6 mos				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (GIVING THE UNDERLYING CAUSE LAST)			(b)								
			(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)						19a.		19b.			
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)							
20b.		20c.		20d.							
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS					
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Ua					
CERTIFICATION—PHYSICIAN:			MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u>Jan 8 71</u>			21b. <u>TO 4 16 71</u>			21c. <u>4 16 71</u>			21d. <u>DID</u>		21e. <u>10 40</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.											
22. HOUR OF DEATH											
22. MONTH DAY YEAR											
CERTIFIER—NAME (TYPE OF PRINT)					SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u>Alvan Karraker, M. D.</u>					23b. <u>Alvan Karraker MD</u>		23c. <u>MD</u>		23d. <u>4/17/71</u>		
MAILING ADDRESS—CERTIFIER					STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23a.					23b. <u>Farmington, Mo. 63640</u>		23c.		23d.		
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME			LOCATION					
24a. <u>BURIAL</u>			24b. <u>PARKVIEW</u>			24c. <u>FARMINGTON, MISSOURI.</u>					
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
24a. <u>APRIL 19, 1971</u>			24b. <u>COZEAN FUNERAL HOME FARMINGTON, Mo. 63640</u>								
FUNERAL DIRECTOR—SIGNATURE					REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. <u>A. Cozean</u>					26a. <u>Ethel Matthews</u>		26b. <u>Apr 19, 1971</u>				

DO NOT WRITE ON THIS STUB

9. 0
10a. 81
10b. 03
11. 0
12. 1
13. 1541
14. 9
15. 0
16. 0
17. 0
18. 0
19. CREDITS
20. 1-0

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

APR 28 1973

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 _____

C. H. Aczyk

Licensed Embalmer No. 4084

P. O. Address Sturton 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.