No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 4 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 16072

Registrar's No. 353A

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Green
(b) City or town Rural ~~Springfield~~ S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Wright 114
(c) City or town Mtn. Grove Mo. 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAFAYETTE LEE SPURGEON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April (Month) 26 (Day) 1948 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 12 hr. min.

9. Birthplace Mtn Grove, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name LE Spurgeon
13. Birthplace Dawson, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bulah Gaddis
15. Birthplace Dawson, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Freda Richmond
(b) Address Mtn. Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Friendship
18. (a) Signature of funeral director R.W. Barber
(b) Address Mtn. Grove Mo.
19. (a) 4/27/48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from 4-26 ✓, 1948, to 4-27, 1948 that I last saw him alive on 4-27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Premature birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 15	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. A. Craig (M. D. or other) D.O.
Address Mtn. Grove Mo. Date signed 4-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Not Embalmed

Signed R. W. Barber

Licensed Embalmer No. 3845

P. O. Address Mt. Grove 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 this body is not embalmed, fact should be so stated above.