

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 21 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 6203 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give town or townships) <u>Rural - Current</u>		c. CITY (If outside corporate limits, write RURAL and give townships) <u>Rural - Current</u>	
c. LENGTH OF STAY (in this place) <u>25 yr</u>		d. STREET ADDRESS (If rural give location) <u>14 Mi E of Licking Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Spurgeon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-31-49</u>		
5. SEX <u>71</u>	6. COLOR OF RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-24-1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Red Bird Mo</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
13a. FATHER'S NAME <u>E. K. Bowen</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Bowen</u>		14. NAME OF HUSBAND OR WIFE <u>G. Spurgeon</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. B. Spurgeon</u>		ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute nephritis</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cold</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>wait</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>wait</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan. 23, 1949, to Jan. 31, 1949, that I last saw the deceased alive on Jan. 26, 1949, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Spurgeon</u> (Degree or title)	23b. ADDRESS <u>Licking Mo.</u>	23c. DATE SIGNED <u>2-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>2/3/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowen Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Bland Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u> ADDRESS <u>Licking Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/10/49</u>	REGISTRAR'S SIGNATURE <u>Max C. C. Murphy</u>	26. STATEMENT ON REVERSE SIDE

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

~~Date Filed 8-19-49~~  
District File Number 279151  
District Health Officer No. 8  
RECEIVED 8-17-49

**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Eubert E Ferguson*

Licensed Embalmer No. ....

3945

P. O. Address.....

*Licking 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.