

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28352

State File No. ....

FILED AUG 24 1953

128

2000

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1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bolivar Mo. 0841</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>416 N. Springfield Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>		b. (Middle) <b>Gretchen</b> c. (Last) <b>Spurgeon</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 17, 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 12 1878</b>
9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR <b>6</b> Months	IF UNDER 1 YEAR <b>5</b> Days	IF UNDER 1 YEAR <b>1</b> Hour <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (State or foreign country) <b>Grandview Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Chas. Wesley Hilling</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Hime</b>	
14. NAME OF HUSBAND OR WIFE <b>Harold E. Spurgeon</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hobart C. Spurgeon</b> ADDRESS <b>Bolivar Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>ACUTE GANGRENOUS CHOLECYSTITIS</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute gangrenous cholecystitis</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>585X</b>			
19a. DATE OF OPERATION <b>8-17-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Acute Gangrenous Cholecystitis.</b>	
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) m.	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 <b>8-17-53</b> , 19 <b>53</b> , to <b>8-17</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>8-17</b> , 19 <b>53</b> , and that death occurred at <b>1145 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Geow Hayboom M.D.</b>		23b. ADDRESS <b>604 Cherry St. Springfield Mo</b>	
23c. DATE SIGNED <b>8-17-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 20 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bolivar Mo.</b>
DATE RECD BY LOCAL REG. <b>8-17-53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Ervin &amp; Blue</b> ADDRESS <b>Bolivar, Mo.</b>	

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

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.....

*Chy Jester*

Licensed Embalmer No. *4154*

P. O. Address *Bolivar, Mo.*

Signed.....  
Student Embalmer

**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.