

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15436**

FILED MAY 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **144**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b> / <b>1020</b>	
b. CITY OR TOWN <b>Kirksville</b> <b>0</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>Shelbyville</b> (If rural, give location)	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b> (If not in hospital or institution, give street address or location)		STREET ADDRESS <b>Gen. Del.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Thomas</b>	b. (Middle) <b>Earl</b>	c. (Last) <b>Spurling</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-12-56</b>
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5. SEX <b>Male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4/23/1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Clergy</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Colorado</b> <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Willard Spurling</b>	13b. MOTHER'S MAIDEN NAME <b>Celia Cottingham</b>	14. NAME OF HUSBAND OR WIFE <b>Goldie Spurling</b>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Leo Spurling, Kirksville, Mo.</b> 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Coronary Thrombosis with Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **5-9**, 1956, to **5-12**, 1956, that I last saw the deceased alive on **5-12**, 1956, and that death occurred at **3:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. J. Rhodes</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Kirksville, Mo.</b>	23c. DATE SIGNED <b>5-12-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/14/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Centralia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Centralia, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-12-56</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Rudolph Deuss</b>	ADDRESS <b>Kirksville</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 18 1956

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: *Robert B. Davis*

Licensed Embalmer No. *427*

P. O. Address *Hicksville*

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.