

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41470

STATE FILE NUMBER

FILED DEC 13 1957

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. James</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. James</b>		Inside Limits 0810 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>			Length of stay in lb		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Matilda</b> Middle <b>Jane</b> Last <b>Spurgeon</b>				4. DATE OF DEATH Month <b>Dec</b> Day <b>2</b> Year <b>1957</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug 25, 1887</b>		9. AGE (In years to birthday) <b>70</b>		IF UNDER 1 YEAR Month <b>6</b> Day <b></b> Hours <b></b> Min. <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
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>none</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Thomas Gorman</b>				14. MOTHER'S MAIDEN NAME <b>Jane Cooch</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Earl Spurgeon, St. James, Missouri</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Degenerative Heart Disease</b> Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2</b> <b>2</b> <b>2</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>443X</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>Oct 20-57</b> to <b>Dec 2-57</b> and last saw <u>her</u> alive on <b>Dec 2-57</b> . Death occurred at <b>10-10 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Earl Spurgeon M.D.</b>				22b. ADDRESS <b>St. James, Mo</b>				22c. DATE SIGNED <b>Dec 14-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
<b>Burial</b>		<b>Dec 5, 1957</b>		<b>City Cemetery</b>			<b>St. James, Missouri</b>		
24. FUNERAL DIRECTOR <b>Jesse Gahr</b>				ADDRESS <b>St. James, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-5-57</b>		26. REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

479

RECEIVED

Phelps County Health Officer,

County File Number 903

Date Filed 12/11/57

DEC 13 1957

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 Robert P. Roach, Student Embalmer No. 549

working under my personal supervision..

Student Robert P. Roach  
Signature of Student Embalmer

Signed Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St James

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.