

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036008

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Ascanade		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE Missouri b. COUNTY Ascanade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Owensville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) 3- yrs	
3. NAME OF DECEASED (Type or print) First Owen Middle Randy Last Spurgeon		4. DATE OF DEATH Month Oct Day 10 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2 - 1898
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY Retail Merchant general Store	11. BIRTH PLACE (City and state or country) Redbird - Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Merchant		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Peter Caswell Spurgeon		14. MOTHER'S MAIDEN NAME Frances Harriet Ellis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-36-4348	
17. INFORMANT Bobby Spurgeon Bland - Mo		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			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 _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10-10-58 to 10-10-58 and last saw him alive on 10-10-58 Death occurred at 9:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kenneth J. Jappmeier, M.D.		22b. ADDRESS Owensville, Mo.	
22c. DATE SIGNED 10-13-58			
23. BURIAL, CREMATION, REMOVAL (Specify) Buried	23a. DATE 10-13-58	23b. NAME OF CEMETERY OR CREMATORY Bowen Cemetery Redbird - Mo.	23c. LOCATION (City, town, or county) (State) (Ascanade County)
24. SIGNATURE OF REGISTRAR Cheta Sasser		25. DATE RECD. BY LOCAL REG. Oct 17, 1958	26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeier

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MAY 2 1959

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 *Chester L. Laseman*

Licensed Embalmer No. *411*

P. O. Address *Bland*

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..