

FILED AUG 10 1950

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24113

Registration District No. 225

Primary Registration District No. 5797

Registrar's No. 18

## 1. PLACE OF DEATH:

(a) County: Moniteau  
 (b) City or town: Fortuna  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rome  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: --  
 (Specify whether  
 In this community -- 5 years  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau  
 (c) City or town: Fortuna  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: --  
 (If rural, give location) O.L.F. 11  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: --

3. (a) PRINT FULL NAME OTTO S. SPURGEON

3. (b) If veteran, No name war: No  
 3. (c) Social Security No. 493-22-2183

4. Sex: Male 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Stella Birdsong Spurgeon  
 6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: June 29, 1885  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>2</u>	<u>--</u> hr. <u>--</u> min.

9. Birthplace: near Tipton, Mo. U.S.A.  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Hotel Operator

11. Industry or business: Hotel

12. Name: Henry David Spurgeon

13. Birthplace: Unknown Indiana  
 (City, town, or county) (State or foreign country)

14. Maiden name: Dora Howard

15. Birthplace: Tipton, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Stella Spurgeon

(b) Address: Fortuna, Mo.

17. (a) Burial (b) Date thereof: Aug. 2, 1950  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Clarksburg Masonic Cem.

18. (a) Signature of funeral director: Richard D. Conn

(b) Address: Conn Funeral Home, Tipton, Mo.

19. (a) Aug 2-1950 (b) Mrs. Maude Hudson  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
 year 1950 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from July 31  
 1950 to July 31, 1950  
 that I last saw him alive on about July 1 1950  
 and that death occurred on the date and hour stated above.

Immediate cause of death:

coronary occlusion Duration 12 hrs

Due to:

Due to:

Other conditions:  
 (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur?  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature: A J Gunn (M. D. or other)

Address: Verdeille Mo Date signed: Aug 1-50

AUG 17 1950

RECEIVED 8/9/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number -----  
Date Filed 8/9/50

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 -----  
-----, Registered Apprentice No. -----  
working under my personal supervision.

Signed *Richard D. Conn*

Licensed Embalmer No. 4703

P. O. Address Box 243, Tipton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.