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ł	FILED DE	C 1	1 1956	}	STA	ANDARD CERTIF	ICATE ÓF DEAT	Н .	TATES.	E FILE N	UMBER	#. ``
	9349				District No	<i>27</i> 6	imory Registration Dis	trict No. 6 1 1	/ 8	_	trar's No	<i>387</i>
	LACE OF DE						2. USUAL RESIDE	NCE (Where decea	sed lived.	If instituti	on: Resid	ence befo
Q.	. COUNTY	SI	hannon	1			a. STATE	issouri	b. COL	SY SY	anno	odmissi N
b.					TOWNSHIP	only) Inside Limits	c. CITY			(D)		side Li
	OR TOWN	Emi	nence.	Miss	souri	Yes⊔ No.©	OR TOWN Em	inence	_	101	ก ฯ	es ()
c.	. FULL NAM HOSPITAL	E OF (lf NOT in h	ospitał, s	give location)	Length of stay in 1t	d. STREET		outside, g	ive locatio	n) Re	side o
	INSTITUTIO		Home			25 Days	ADDRESS	4 miles	S. E.		Y.	• • [
	ME OF		-	First		Middle	Last	4. DA		Month	Day	Yea
	ppe or print)		D	awna		Sue	Spurgin	DE	ATH	Nov.	28.	195
5. SE)	x	6.	COLOR OR I	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		E (In year: birthday)		Days I	UNDER 1
	<u> Temale</u>	`	White		WIDOWED			56			28	l
	USUAL OCCUPAT during most of				106. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (City		7	Z CITIZE	N OF WHAT	COUNT
3 63	Infa				L		Willow Spr	<u>ings, Mis</u>	souri	<u>l Unit</u>	ted S	tate
_	_	_										
	AS DECEASED I			D FORCE	S? [16.	SOCIAL SECURITY NO.	Cloa Will	lams	Add	dress		
(Yes. 2	no. or untrown)	(If we	s, pive war ar	dates of se	rvice)				. 7 .	Eminer		1 /-
18	PART I. 0 Condition	DEATH WIMMI	AS CAUSED EDIATE CAU	BY:	se per line for	(a), (b), and (c).]	N/COLYM		,		INTERV/ ONSET	AL BETY
18	PART I, D Condition which ga above co	IMMI IMMI ns, if an re rise (nuse (6) he unde	AS CAUSED EDIATE CAU	8Y; (SE_(¢) _					צעי	/3 <u>.</u> X	INTERV	AL BETY
ICATION	PART I. D Condition which ga above co stating th	DEATH W IMMI THE STATE OF THE	AS CAUSED EDIATE CAU	BY: !SE_(a) TO (b) TO (c)	STAT	US THY		PHATTS	27		INTERVIONSET	AL BETY AND DE UT
TIFICATION 50	Condition which gas above containing the lying ca PART II. Co	DEATH WIMMI	AS CAUSED EDIATE CAU	BY: ISE_(a) _ TO (b) _ TO (c) _ INDITIONS (S TAT	O DEATH BUT NOT RELATE	n/coLYM	E CONDITION GIVEN IN	27 1 PART 1(n)	/3,X	INTERVIONSET	AL BETY AND DE U7
CERTIFICATION 200	Condition Condition which ga above containing the lying ca PART II. Co	DEATH WIMMI	AS CAUSED EDIATE CAU	BY: (SE_(a) _ TO (b) _ TO (c) _ OMICIDE _ 1	S TAT	O DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE	E CONDITION GIVEN IN	27 1 PART 1(n)	/3,X	INTERVIONSET	AL BETY AND DE U7
OCAL CERTIFICATION	Condition which ga above ce stating th lying ca PART II. C	DEATH WIMMI	AS CAUSED EDIATE CAU	BY: (SE_(a) _ TO (b) _ TO (c) _ OMICIDE _ 1	S TAT	O DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE	E CONDITION GIVEN IN	27 1 PART 1(n)	/3,X	INTERVIONSET	AL BETY AND DE UT
MEDICAL CERTIFICATION 8 02 02 03	Condition which ga above ce stating th lying ca PART II. C	DEATH W IMMI THE SET OF THE SET	AS CAUSED EDIATE CAU (1) DUE (2) DUE GNIFICANT CO CIDE HI Month, Do	BY: ISE_(a) _ TO (b) _ TO (c) _ ONICIDE _ OY: Year	S TAT	O DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE RED. (Enter nature of in	E CONDITION GIVEN IN	Part 11 of	/3,X	INTERVIONSET	AL BETY AND DE UT
MEDICAL CERTIFICATION	Condition which gas above containing the lying ca PART II. Co	DEATH WIMMINS, if an ive rise ause (a) the under use tas bother skilled a.m. p. m.	AS CAUSED EDIATE CAU V. DUE GNIFICANT CO CIDE HI Month, Do	BY: ISE_(a) _ TO (b) _ TO (c) _ ONICIDE _ DY: Year ZOC. PLAC farm	S TAT CONTRIBUTING TO 200. DESCRIB E OF INJURY (factory, street	D DEATH BUT NOT RELATE THE HOW INJURY OCCURE THE HOW INJURY OCCURE	D TO THE TERMINAL DISEASE RED. (Enter nature of in	CONDITION GIVEN IN THE PART I OF LOCATION	Part II of	item 18.)	19. WAS PERF	AUTOPORMEE
MEDICAL CERTIFICATION	Condition which ga above containing the lying ca PART II, Co Oa. ACCIDENT Co. TIME OF INJURY Od. INJURY OCC (HILE AT ORK I I attended Death occ	DEATH W IMMI IMM, if an re rise suse (a) the unde use las OTHER SIG SUIC Hour a, m. CURRED NOT W AT WO d the desured a	AS CAUSED EDIATE CAU	BY: ISE_(a) _ TO (b) _ TO (c) _ ONICIDE _ DY: Year ZOC. PLAC farm	S TAT CONTRIBUTING TO 206. DESCRIB E OF INJURY (, factory, street NOV. 5500	E HOW INJURY OCCURF	D TO THE TERMINAL DISEASE RED. (Enter nature of in	CONDITION GIVEN IN THE PART I OF LOCATION	Part II of	item 18.)	19. WAS PERF	AUTOPORME
MEDICAL CERTIFICATION	Condition which ga above contains the lying ca PART II. Co. Co. TIME OF INJURY Od. INJURY OCC (MILÉ AT CORK	DEATH W IMMI IMM, if an re rise suse (a) the unde use las OTHER SIG SUIC Hour a, m. CURRED NOT W AT WO d the desured a	AS CAUSED EDIATE CAU	BY: ISE_(a) _ TO (b) _ TO (c) _ ONICIDE _ DY: Year ZOC. PLAC farm	S TAT CONTRIBUTING TO 200. DESCRIB E OF INJURY (factory, street	E HOW INJURY OCCURF	D TO THE TERMINAL DISEASE RED. (Enter nature of in	CONDITION GIVEN IN THE PART I OF LOCATION	Part II of	item 18.)	19. WAS PERF	AUTOPORME
20 20 21 21 22 22 22 23 3a B B	Condition which ga above containing to lying ca PART II. Co. Co. TIME OF INJURY Od. INJURY OCC HILE AT CORK I. J attended Death occ Ca. SIGNATUR BURIAL, CREMATUR CORRESSIONATUR CORRESS	DEATH WIMMINS, if an ive rise ause (a) the under use lass DTHER SK	AS CAUSED EDIATE CAU	BY: ISE_(a) _ TO (b) _ TO (c) _ ONICIDE _ DY: Year ZOC. PLAC farm	S TAT CONTRIBUTING TO 200. DESCRIE E OF INJURY (, factory, stree Solv (Degree or life	E HOW INJURY OCCURF	D TO THE TERMINAL DISEASE RED. (Enter nature of it 20/. CITY, TOWN, OR NOV 2 8 e stated above; and 22b. ADDRESS	CONDITION GIVEN IN THE PART I OF LOCATION	Part II of	item 18.)	19. WAS PERF YES D	AUTOPORME
20 20 20 20 20 20 20 20 20 20 20 20 20 2	Condition which ga obove ce stating th lying ca PART II. Co Da. ACCIDENT Co. TIME OF INJURY OCC HILLE AT DORK I. I attended Death occ Ca. SIGNATUR	DEATH WIMMINS, if an ive rise ause (a) the under use lass DTHER SK	AS CAUSED EDIATE CAU (1) DUE (1) DUE GNIFICANT CO CIDE HI Month, De RK	BY: ISE_(a) _ TO (b) _ TO (c) _ ONICIDE _ DY: Year ZOC. PLAC farm	S TAT CONTRIBUTING TO 200. DESCRIB 200. DESCRIB FOR THE STATE OF T	e. g., in or about home, t, office bldg., etc.) men on the dat	D TO THE TERMINAL DISEASE RED. (Enter nature of in 20/. CITY, TOWN, OR 20/. CITY, TOWN, OR 22b. ADDRESS 22b. ADDRESS CREMATORY	CONDITION GIVEN IN Injury in Part I or LOCATION and last sam to the best of m 23d. LOCATION C Eminence	Part II of Part II of him al y knowled ity, town Mis	item 18.) COUNTY ive on edge. from of county) Souri	19. WAS PERFYES OF THE CALL PROPERTY OF THE CALL PR	AUTOPO
MEDICAL CERTIFICATION Sa Ba	Condition which ga above co stating th lying ca PART II, C Oa. ACCIDENT Oc. TIME OF INJURY Od. INJURY OCC (HILE AT OCK Death occ Ca. SIGNATURE DURIAL, CREMATH DURIAL, CREMATURE	DEATH W IMMI IMMI IMMI IMMI IMMI IMMI IMMI IM	AS CAUSED EDIATE CAU (1) DUE (1) DUE GNIFICANT CO CIDE HI Month, De RK	BY: ISE_(a) _ TO (b) _ TO (c) _ INDITIONS (C) OMICIDE _ DIVIDITIONS (C	S TAT CONTRIBUTING TO 200. DESCRIB 200. DESCRIB FOR THE STATE OF T	e. g., in or about home, to gen on the dat	D TO THE TERMINAL DISEASE RED. (Enter nature of in 20/. CITY, TOWN, OR 20/. CITY, TOWN, OR 22b. ADDRESS 22b. ADDRESS CREMATORY	CONDITION GIVEN IN THE TOTAL TOTAL CONTINUES OF THE POST OF THE TOTAL CONTINUES OF THE TOTA	Part II of Part II of him al y knowled ity, town Mis	item 18.) COUNTY ive on edge. from of county) Souri	19. WAS PERFYES OF THE CALL PROPERTY OF THE CALL PR	AUTOPO
20 20 20 WW 21 22 22 23 8 B R R R R R R R R R R R R R R R R R R	Condition which ga above co stating th lying ca PART II. C Oa. ACCIDENT OC. TIME OF INJURY OC. HILE AT ORK I. I attended Death occ Ca. SIGNATUI DURIAL CREMATM IEMOVAL (Speci, 1714]	DEATH WIMMINS, if an inverse (a) the under use lass other skills (a) the under use lass other skills (a) the under use lass (a) the under use lass (b) the under use lass (b) the under use (a) the under use (b) the under use (c)	AS CAUSED EDIATE CAU (1) DUE (1) DUE GNIFICANT CO CIDE HI Month, Do HILE	BY: ISE_(a) _ TO (b) _ TO (c) _ OMICIDE _ I _ TO y; Year TO _ TO	S TAT CONTRIBUTING TO 200. DESCRIB E OF INJURY (, factory, stree SOO (Degree or tit 230 N/MU DRESS	e. g., in or about home, t, office bldg., etc.) me of cemetery or a noel Chapel	D TO THE TERMINAL DISEASE RED. (Enter nature of in 20). CITY, TOWN, OR 20). ADDRESS CREMATORY Cemetery	CONDITION GIVEN IN THE TOTAL TOTAL CONTINUES OF THE POST OF THE TOTAL CONTINUES OF THE TOTA	Part II of Part II of him al y knowled ity, town Mis	item 18.) COUNTY ive on edge. from of county) Souri	19. WAS PERFYES OF THE CALL PROPERTY OF THE CALL PR	AUTOPORMED NO

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No.

P. O. Address

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was e
by me, or by	, Student Embalmer No
working under my personal supervision	Signed See L Lunca
Student Signature of Student Enhalmer	Signed Suncan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.