

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40310

STATE FILE NUMBER

FILED DEC 11 1956

69349-56

Registration District No.

336

Primary Registration District No.

6128

Registrar's No.

387

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eminence, Missouri</b>		c. CITY OR TOWN <b>Eminence</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS <b>4 miles S. E.</b>	
Length of stay in lb <b>25 Days</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>First Middle Last</b> <b>Dawna Sue Spurgin</b>			4. DATE OF DEATH Month Day Year <b>Nov. 28, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 1, 1956</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Willow Springs, Missouri</b>	
13. FATHER'S NAME <b>Dewey D. Spurgin</b>			14. MOTHER'S MAIDEN NAME <b>Cloa Williams</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.		17. INFORMANT Address <b>Dewey D. Spurgin Rt. 1 Eminence, Mo.</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>STATUS THYMICO LYMPHATICUS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>ACUTE</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>273X</b>
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 checked="" type="checkbox"/> NO <input 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. 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	20g. COUNTY STATE
21. I attended the deceased from <b>Nov. 1</b> to <b>Nov 28</b> and last saw her/him alive on <b>Nov 29</b> . Death occurred at <b>5:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. B. Perkins, M.D.</b>		22b. ADDRESS <b>Willow Springs, Mo</b>	22c. DATE SIGNED <b>11/28/56</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-29-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Muncel Chapel Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Eminence, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Duncan Funeral Home - Mtn. View, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-10-56</b>	26. REGISTRAR'S SIGNATURE <b>Hubel Pace</b>

(Licensed Embolmer's Statement on Reverse Side)

300  
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Joe C. Duncan*  
Licensed Embalmer No. *430*  
P. O. Address *Mt. Vernon*

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.