

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 13 1944  
Registration District No. 1834

Primary Registration District No. 4291

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Old Monroe  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ira B. Survant

(b) If veteran, name war No (c) Social Security 707-01-6717

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Delyne Survant 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 4 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 0 28 hr. min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired RR employee

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Survant

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delyne Survant

(b) Address Old Monroe Mo

17. (a) Burial (b) Date thereof Dec. 5 '43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (a) Signature of funeral director William Kuttly

(b) Address Old Monroe Mo

19. (a) 12-3-43 (b) Mr Susan Hedden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 2 1943 to Dec 2 1943  
that I last saw him alive on Dec 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction (chronic)

Due to Arterial Sclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 93d

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 \_\_\_\_\_

28. Signature J. H. Neuhart (M. D. or other)

Address Old Monroe Date signed 12/4/43

Duration  
Physician  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

57  
0  
0

JAN 18 1944

**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 \_\_\_\_\_

*E. Keethly*

Licensed Embalmer No. 822

P. O. Address O'Fallon Mo.

**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 this body is not embalmed, above space should be left blank.**