

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 768

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY OR TOWN <u>Ava</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>34</u> OR TOWN <u>Ava, Mo. Rural, Springcreek</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3</u> <u>Route 4,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Through the Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Thomas</u>	b. (Middle) <u>Ervin</u>	c. (Last) <u>Surguine</u>	(Month) <u>1-</u>	(Day) <u>2-</u>	(Year) <u>49</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-12-74</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming & Stockman</u>	11. BIRTHPLACE (State or foreign country) <u>Smallette, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>John C. Surguine</u>	13b. MOTHER'S MAIDEN NAME <u>Emmeline Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Surguine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Neva Surguine</u> ADDRESS <u>Ava, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterial sclerosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4500</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
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22. I hereby certify that I attended the deceased from Dec. 21, 1948, to Jan 2, 1949, that I last saw the deceased alive on Jan 2, 1949, and that death occurred at 2 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Gentry</u> (Degree or title)	23b. ADDRESS <u>Ava Mo</u>	23c. DATE SIGNED <u>1-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springcreek</u>	24d. LOCATION (City, town, or county) (State) <u>Smallette, Missouri</u>
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DATE REC'D BY LOCAL REG <u>Jan 29-49</u>	REGISTRAR'S SIGNATURE <u>Vestal Bushman</u> <u>84</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Linkingbeard</u> ADDRESS <u>Funeral Home, Ava, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
District Health Officer No. 5
District File Number 149-124
Date Filed 1-31-49

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

Charles R. Fish

Student Embalmer No. *45*

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Chester A. Roof

Licensed Embalmer No. *3084*

P. O. Address *Gainesville 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, fact should be so stated above.