

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26698**

FILED SEP 11 1951

BIRTH NO. 51867-51 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Henry</u> <u>0422</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rauers City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3641 Wabash 3558</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Lee</u> c. (Last) <u>Surfs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2-51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 2-51</u>		9. AGE (In years last birthday) <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clinton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>

13a. FATHER'S NAME <u>Robert Lee Surfs</u>	13b. MOTHER'S MAIDEN NAME <u>Marylou Roberts</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Surfs</u>	ADDRESS <u>3641 Wabash, Rauers</u>
--	-------------------------	---	------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 HR</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ATELECTASIS - PREMATURITY</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Sept, 1951, to 2 Sept, 1951, that I last saw the deceased alive on 2 Sept, 1951, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B Walker, M.D.</u>	23b. ADDRESS <u>Clinton, Mo</u>	23c. DATE SIGNED <u>3 Sept, 1951</u>
---	---------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>	24d. LOCATION (City, town, or county) (State) <u>Brownington Mo</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Sept 3-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Hurst</u>	ADDRESS <u>Deepwater Mo</u>
---	---	---	-----------------------------

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

RECEIVED 9-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-10-51 _____

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 _____
Student Embalmer

Signed Tom Hurst _____

Licensed Embalmer No. 2782 _____

P. O. Address Deepwater MD _____

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.