

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21112

State File No.

FILED JUL 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>191</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>707th Washington</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>707th Washington</u>				d. STREET ADDRESS (If rural, give location) <u>707th Washington</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Surface</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 - 1953</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>Dec. 31 - 1871</u>		9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR <u>6</u>	11. UNDER 24 HRS. <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Daniel Surface</u>			13b. MOTHER'S MAIDEN NAME <u>Wida Kister</u>		14. NAME OF HUSBAND OR WIFE <u>Birdie M. Surface</u>			
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>Oscar Surface</u> ADDRESS <u>J.C. Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated Heart</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic</u> DUE TO (c) <u>Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH	
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. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <u>July 1, 1953</u> to <u>July 9, 1953</u> that I last saw the deceased alive on <u>July 8, 1953</u> and that death occurred at <u>3:30 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. Bruce W.D.</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>7-10-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Fulton</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 14 - 1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris MD - MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Anderson - J - C. Mo</u> ADDRESS				

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

2264

Bruce

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 _____

J. M. Anderson

Licensed Embalmer No. 3641

P. O. Address gmo.

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.