

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11452

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4078 Registrar's No. 34

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CAPE Girardeau</u> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE</u> |  |
| b. CITY OR TOWN <u>DELTA</u>                         | c. LENGTH OF STAY (in this place) <u>47 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DELTA</u> <u>0160</u>                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION              |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |

|                                     |                         |                         |                          |  |
|-------------------------------------|-------------------------|-------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ROSIE</u> | b. (Middle) <u>JAKE</u> | c. (Last) <u>SURFACE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 30 1954</u> |
|-------------------------------------|-------------------------|-------------------------|--------------------------|--|

|                      |                               |   |                                      |   |  |   |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JULY 6, 1884</u> | 9. AGE (in years last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>24</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | 11. BIRTHPLACE (State or foreign country) <u>WHITE WATER, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|--|--|

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|--|---|--|
| 13a. FATHER'S NAME <u>WILLIAM WELKER</u> | 13b. MOTHER'S MAIDEN NAME <u>EMMA YATES</u> | 14. NAME OF HUSBAND OR WIFE <u>CHARLIE SURFACE</u> |
|--|---|--|

|   |                                   |   |
|---|-----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLIE SURFACE - DELTA, Mo.</u> |
|---|-----------------------------------|---|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>1 hr</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>   |  |   |
|   | PRECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>asthma of many years</u><br>DUE TO (c) <u>—</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>-241x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 April 30, 1954 to April 30, 1954; that I last saw the deceased alive on April 30, 1954 and that death occurred at — m., from the causes and on the date stated above.

|  |                                |                  |
|--|--------------------------------|------------------|
| 23a. SIGNATURE (Degree or title) <u>W. J. S. [Signature]</u> | 23b. ADDRESS <u>Delta, Mo.</u> | 23c. DATE SIGNED |
|--|--------------------------------|------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAY 3, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>KYXION CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>(NEAR) DELTA, MISSOURI</u> |
|---|------------------------------|---|---|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REGISTRY <u>May 4 - 1954</u> | REGISTRAR'S SIGNATURE <u>D. J. [Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] - Chaffee, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

working under my personal supervision.

Student Embalmer No. ....

Signed Jack J. Burnett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address La Salle, Missouri

**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.