

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33809

FILED OCT 27 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5583 Registrar's No. 165

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWNRURAL-Lincoln Township) c. LENGTH OF STAY (in this place) 2 yrs		c. CITY OR TOWN Golden City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Rte 1, Golden City		STREET ADDRESS (If rural, give location) Route 1 8490	
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN	b. (Middle) JOHN	c. (Last) SURMAN sr.	4. DATE OF DEATH (Month) (Day) (Year) October 20-1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 26, 1882
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clothing manufacturer		10b. KIND OF BUSINESS OR INDUSTRY manufacturing	11. BIRTHPLACE (City and State or Foreign Country) Lawrenceburg, Indiana
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John C. Surman	13b. MOTHER'S MAIDEN NAME Belle Christian
14. NAME OF HUSBAND OR WIFE Mabel A. Brown Surman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 60-09-1698
17. INFORMANT'S SIGNATURE OR NAME Mabel Surman		ADDRESS Rte 1, Golden City, Mo.	
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) Severe cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic regurgitation DUE TO (c) Chronic aortic valvulitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs		4211	
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) (m.)	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>5-24</u> , 19 <u>54</u> , to <u>10-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>55</u> , and that death occurred at <u>3:15a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ernest Patton MD		23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 10-20-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-22-55	24c. NAME OF CEMETERY OR CREMATORY Avilla Cemetery	24d. LOCATION (City, town, or county) (State) Avilla, Mo
DATE REC'D BY LOCAL REG. 10-21-55	REGISTRAR'S SIGNATURE W. H. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo ADDRESS	

Date Filed 061261955

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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.....
Signature of Student Embalmer

Signed *Frank W. Kuehl*

Licensed Embalmer No. 4440

P. O. Address Carthage,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.