

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9359

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo Walker</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo Walker</u>		d. STREET ADDRESS (If rural, give location) <u>108 Stella St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>108 Stella St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>		b. (Middle)		c. (Last) <u>Surface</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 5 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 10, 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 6 WKS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Surface</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Surface</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt. Surface Jeff. City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES <u>Cause undetermined</u> 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 <u>Semibuty</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
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) <u>California, Moniteau, Mo</u>			
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?			
22. I hereby certify that I attended the deceased from <u>4-2</u> 19 <u>51</u> , to <u>4-5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-4</u> , 19 <u>51</u> , and that death occurred at <u>6/20A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.B. Fulke, M.D.</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>4-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jamestown, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-7-51</u>		REGISTRAR'S SIGNATURE <u>W.R. Poppey</u>		202		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl Bonlin, California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-10-51 .....

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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Ernest J. Bonnell

Signed.....  
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.