

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED AUG 1 1949

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 23

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution/residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St James</u>		c. LENGTH OF STAY (in this place) <u>80 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. James, Mo.</u>		d. STREET ADDRESS <u>106</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St James / mo</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>L</u> c. (Last) <u>Surveys</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 - 49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-23-1864</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Days <u>4</u> Hours <u>8</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carver</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>us</u>
13a. FATHER'S NAME <u>Abram Surveys</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Kiel</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E</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 <u>Hubert Surveys</u>		ADDRESS <u>St James 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>Carcinoma of Mandibular Neck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>degeneration of lower lip</u> DUE TO (c) <u>irritation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>144X</u>
19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u>	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) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>April</u> , 1949, to <u>July 1st</u> , 1949, that I last saw the deceased alive on <u>June 27, 1949</u> , and that death occurred at <u>12:01 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. C. Sedberry</u>			23b. ADDRESS <u>St James Phelps Mo</u>		23c. DATE SIGNED <u>7-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St James Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-23-49</u>	REGISTRAR'S SIGNATURE <u>Caro C. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cre E. Lickel</u>		
			ADDRESS <u>St James</u>		

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed 7-29-49

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 _____

me

Student-Embalmer No. *312*

working under my personal supervision.

Student *Carol J. Glerna*
Student Embalmer

Signed *Orville Licklider*

Licensed Embalmer No. *3544*

P. O. Address *St. James Mo*

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.