

FILED OCT 17 1951

STANDARD CERTIFICATE OF DEATH

36108

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Clarence		c. CITY (If outside corporate limits, write RURAL and give township) Clarence	
c. LENGTH OF STAY (In this place) 4 Yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Homer b. (Middle) Newton c. (Last) Surber			4. DATE OF DEATH (Month) (Day) (Year) Oct 5th 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 16th - 1880		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 11 Days 19	
IF UNDER 1 YEAR Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Shelby Co Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME Benton Surber		13b. MOTHER'S MAIDEN NAME Eloë Switzer		14. NAME OF HUSBAND OR WIFE Anna Surber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Anna Surber Clarence 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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)		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 Oct. 3, 1951, to Oct. 3, 1951, that I last saw the deceased alive on Oct. 3, 1951, and that death occurred at 1 P.m., from the causes and on the date stated above.

23a. SIGNATURE D. L. Edrington D.O.		23b. ADDRESS Clarence, Mo.		23c. DATE SIGNED 10/7/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 7th 51		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		24d. LOCATION (City, town, or county) (State) Clarence Mo	
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DATE REC'D BY LOCAL REG. 10-10-51		REGISTRAR'S SIGNATURE Ada Harrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw & Hawkins Shelbina Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1841
Date Filed: OCT 15 1951

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 *Henry G. Barklee*.....

Licensed Embalmer No. *3835*

P. O. Address *St. Helens, 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.