

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44616

State File No. _____

5673

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1213 Wyandotte</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-52</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Surface</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>
8. DATE OF BIRTH <u>5-24-1886</u>	9. AGE (In years last birthday) <u>66</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. of Surface Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>John M. Surface</u>		13b. MOTHER'S MAIDEN NAME <u>Emmeva Suffield</u>		14. NAME OF HUSBAND OR WIFE <u>Alta M. Surface</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>393-07-3256</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alta M. Surface Havana Ill</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, asthma, etc. It means the disease, injury, or complication which caused death.	18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myopericardium</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction, recent</u> DUE TO (c) <u>Coronary Arteriosclerosis with thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>5 days</u> <u>5 days</u> <u>4201</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF CAUSATION				20. AUTOPSY? YES <input checked="" 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) (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>Dec-20</u> , 19 <u>52</u> , to <u>Dec-24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec-23-1952</u> , and that death occurred at <u>5:10 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Carl H. Brust</u>		23b. ADDRESS <u>106 W 14th St R.C. Mo</u>	23c. DATE SIGNED <u>Dec-25-52</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Mason City Ill.</u>		
DATE REC'D BY LOCAL REG. <u>12-26-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene McClure</u>	ADDRESS <u>R.C. Mo.</u>		

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

Dr. Carl Brust
Parker High Sch. 2/21/49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F. D. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.