

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

721

State File No. _____

JAN 5 1953

REG. DIST. NO. 75

PRIMARY REG. DIST. NO. 3015

Registrar's No. 1057

251
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Caldwell			
b. CITY OR TOWN Cameron		c. LENGTH OF STAY (In this place) 11 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton			
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Hospital		d. STREET ADDRESS (If rural, give location) /					
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE		b. (Middle) IRENE		c. (Last) SURFACE			
4. DATE OF DEATH (Month) (Day) (Year) 1 1 1953		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-19-1888		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. 64 6 12			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sioux City Iowa			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ben Dagle		13b. MOTHER'S MAIDEN NAME Amanda Bell Hall			
14. NAME OF HUSBAND OR WIFE Oren Surface		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. 499-36-7318			
17. INFORMANT'S SIGNATURE OR NAME Oren Surface		ADDRESS Hamilton Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rt Kidney ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 mos	
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) 180X			
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 April 21, 1951 , to 1-1, 1953 , that I last saw the deceased alive on 1-3, 1953 , and that death occurred at 0-30a m., from the causes and on the date stated above.							
23a. SIGNATURE J. Kimes MD		(Degree or title)		23b. ADDRESS Cameron Mo			
23c. DATE SIGNED 1-2-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-3-1953			
24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		24d. LOCATION (City, town, or county) (State) Gallatin Mo.					
DATE REC'D BY LOCAL REG. 1-3-53		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE Bram Funeral Home, Hamilton, Mo.			
				ADDRESS			

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 _____

R. Lester Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Hamilton, 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. .