

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27673**

FILED SEP 8 - 1953
BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 4030 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Golden City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goledn City 0060	
c. LENGTH OF STAY (in this place) 73 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE	b. (Middle) HOUSTON	c. (Last) SURBRUGG	4. DATE OF DEATH (Month) (Day) (Year) Aug 30 1953
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 7	IF UNDER 24 HRS. Hour 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Eve Mills, Tenn.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME George Vincent	13b. MOTHER'S MAIDEN NAME Mary Gay	14. NAME OF HUSBAND OR WIFE Jacob Cassius Surbrugg
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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. XXX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Gilbreath	ADDRESS Golden City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis of the brain		
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 1946**, to **Aug. 29 1953**, that I last saw the deceased alive on **Aug 30, 1953**, and that death occurred at **3:00 P. M.** from the causes and on the date stated above.

23a. SIGNATURE (Doctor or Minister) Rudolf Kapp M.D.	23b. ADDRESS Golden City, Mo	23c. DATE SIGNED 8/31/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 1 1953	24c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery	24d. LOCATION (City, town, or county) (State) Golden City, Missouri
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DATE REC'D BY LOCAL REG. Aug 31 1953	REGISTRAR'S SIGNATURE Hazel H. Rugh 15-0	25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home	ADDRESS Lamar, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

0060

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 Carl H. Konantz.....

Licensed Embalmer No. 2247.....

P. O. Address Lamar, Missouri.....

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.