

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42595

STATE FILE NUMBER

FILED DEC 21 1956

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>			
-b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp.</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>CHARLESTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE Hospital #4</u>				Length of stay in 1b <u>1 mo. 26 days</u>		d. STREET ADDRESS (If outside, give location) <u>704 State St.</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>SURTIS</u> Last <u>FREELAND</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 6 - 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Operator</u>				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>75</u>	
13. FATHER'S NAME <u>Tom FREELAND</u>				14. MOTHER'S MAIDEN NAME <u>MAYDORA HOWARD</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>486-14-5526</u>		17. INFORMANT <u>FRANCES RUSSELL</u> Address <u>CHARLESTON MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma to bony pelvis - - - - - Abt.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of prostate - - - - - Abt. 18 mos.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Psychosis with cerebral arteriosclerosis.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour * _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE		
21. I attended the deceased from <u>October 3, 1956</u> to <u>Nov. 29, 1956</u> and last saw <u>him</u> alive on <u>Nov. 29, 1956</u> Death occurred at <u>5:25 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. A. Brennan M.D.</u>				22b. ADDRESS <u>State Hosp. #4, Farmington, Mo.</u>		22c. DATE SIGNED <u>11/30/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11-2-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CHARLESTON, MO.</u>	
24. FUNERAL DIRECTOR <u>McMILKRE FUNERAL HOME</u> ADDRESS <u>CHARLESTON MO.</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 30, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

800-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Signature of Student Embalmer

Signed *J. E. McMillan*.....
Licensed Embalmer No.....

P. O. Address *Charlotte*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.