

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011613

FILED VS MAR 21 1960

Registration District No. 169 Primary Registration District No. 4261 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>KNOX</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>KNOX</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HURDLAND</b>		Length of stay in 1b		c. CITY OR TOWN <b>HURDLAND, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 Bkgs. N.W. Public Safety</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>NONE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>SUE</b> Middle <b>SURRY</b> Last <b>SURRY</b>				4. DATE OF DEATH Month <b>MAR</b> Day <b>9</b> Year <b>1960</b>					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>CAUCASIAN</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>OCT 25, 1872</b>		9. AGE (last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>KNOX COUNTY, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>D.S. SURRY DURALL</b>			13b. MOTHER'S MAIDEN NAME <b>MATTIE HUNTER</b>			14. NAME OF HUSBAND OR WIFE <b>H.G. SURRY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>498-38-7252A</b>		17. INFORMANT <b>H.G. SURRY</b>			Address <b>HURDLAND, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis, massive, acute</b> DUE TO (b) <b>arteriosclerotic heart disease gr. I.</b> DUE TO (c) <b>Generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>obesity...</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b> <b>5 yrs.</b> <b>10 yrs.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.		Month, Day, Year							
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		COUNTY		STATE	
21. I attended the deceased from <b>March 9<sup>th</sup> 1960</b> to <b>March 9<sup>th</sup> 1960</b> and last saw her <b>no</b> alive on <b>no</b> Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Francis Tawnydon M.D.</b>				22b. ADDRESS <b>Edina Missouri</b>				22c. DATE SIGNED <b>March 17<sup>th</sup> 1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAR 11, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>IOOF</b>		23d. LOCATION (City, town, or county) (State) <b>HURDLAND Mo.</b>			
24. FUNERAL DIRECTOR <b>Kelley Rogers</b>			ADDRESS <b>BARHEAR, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar-17-1960</b>		26. REGISTRAR'S SIGNATURE <b>Nelle S. Humatt</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by KENLEY ROGERS, Student Embalmer No. 580

working under my personal supervision.

Student Kelley Rogers  
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.