

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7621

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4072</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Creek</u>		c. LENGTH OF STAY (in this place) <u>city</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Creek</u>		15	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jack Bruin Home</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del</u> 10			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Haden</u>		c. (Last) <u>Bruin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 - 49</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>whit</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sep 11 - 1870</u>	
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR <u>6</u>		11. UNDER 1 YEAR <u>9</u>		12. UNDER 1 YEAR <u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Pastor</u>		11. BIRTH PLACE (State or foreign country) <u>Camden Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred A Bruin</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Blanton</u>		14. NAME OF HUSBAND OR WIFE <u>Sada Baldrige</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Bruin</u> ADDRESS <u>Linn Creek Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>no</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP <u>Linn Creek</u>		21d. COUNTY <u>Camden</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JAN. 14</u> , 19 <u>49</u> , to <u>MARCH 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>MARCH 20</u> , 19 <u>49</u> and that death occurred at <u>2 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Quentin Kramer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Linn Creek, Mo.</u>		23c. DATE SIGNED <u>3/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 22/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 22-1949</u>		REGISTRAR'S SIGNATURE <u>Zilpha Iraw</u> 42		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolery</u> ADDRESS <u>Camden, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 7-49-288
Date Filed 3-28-49

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.

Signed *Abbie Banks Wooler*

Signed _____
Student Embalmer

Licensed Embalmer No. 2488

P. O. Address *Camden, N. J.*

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.