

FILED MAR 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11285

No. 300
10.48

108

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash. Jct 3 mo 17 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence 48</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>H</u>		d. STREET ADDRESS (If rural, give location) <u>Courty Home 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTIS BRUNO</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-4-1876</u>
9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 Hrs. Hours <u>7</u>	IF UNDER 1 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> <u>990</u>			<u>20</u>
DUE TO (c) _____			<u>20</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Calcification</u> <u>Trauma forehead</u>			<u>16</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Hospital #3</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Washington Twp Vernon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-7-1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u>	
22. I hereby certify that I attended the deceased from <u>3-7-</u> , 19 <u>49</u> , to <u>3-11</u> , 19 <u>49</u> that I last saw the deceased alive on <u>3-11-</u> , 19 <u>49</u> , and that death occurred at <u>6:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. H. Hall MD</u>		23b. ADDRESS <u>Neveda Mo</u>	23c. DATE SIGNED <u>3-11-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Cemetery Nevada</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar. 14, '49</u>	REGISTRAR'S SIGNATURE <u>Wathyn H. Vance</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen V. Hoyle</u>

RECEIVED

District Health Officer No. 7

District File Number 2-49-248

Date Filed 3-21-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was *not* embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bert B Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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.