

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1949

State File No. 34585

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 4391 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Argyle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Argyle Mo	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Argyle Wash. Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) John John b. (Middle) A. c. (Last) Brunner			4. DATE OF DEATH (Month) (Day) (Year) Oct. 22 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July-13-1874	9. AGE (in years last birthday) 75	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 9	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Koeltztown MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME STEVE BRUNNERT	13b. MOTHER'S MAIDEN NAME ELIZABETH HAGENHOFF	14. NAME OF HUSBAND OR WIFE Elizabeth Holterman Brunner
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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. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.A. Brunner	ADDRESS Argyle Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH SUDDEN. 16/10 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION - MYOCARDITIS - 6 yo. 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 9-16-49	19b. MAJOR FINDINGS OF OPERATION Prostatectomy	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) ARGYLE OSAGE MO.
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21d. TIME OF INJURY (Month) (Day) (Year): (Hour) m.	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 SEPT 1, 1949, to OCT 20, 1949, that I last saw the deceased alive on OCT 20, 1949, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. Moore, DO.	(Degree or title) 2	23b. ADDRESS Argyle Mo.	23c. DATE SIGNED 10-23-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-25-49	24c. NAME OF CEMETERY OR CREMATORY Argyle Catholic	24d. LOCATION (City, town, or county) (State) Argyle MO
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DATE REC'D BY LOCAL REG. Oct. 23 - 49	REGISTRAR'S SIGNATURE Mrs. H. H. Moore	25. FEMERAL DIRECTOR'S SIGNATURE 238 Blyde Moston	ADDRESS Linn, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number
District Health Officer No. 9
RECEIVED
NOV 1 1949

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 *Vernon M. Maston*

Licensed Embalmer No. *4125*

P. O. Address *Linn, 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.