

FILED APR 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11901

BIRTH NO. 19552-50 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 7121

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (in this place) <u>19 1/2 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>504 McAllister St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MERRY</u> b. (Middle) <u>LOU</u> c. (Last) <u>BRUNSTROM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>April 12, 1950</u>		9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Days <u>30</u> IF UNDER 24 HRS. <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Columbia, Missouri.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Richard Brunstrom</u>		13b. MOTHER'S MAIDEN NAME <u>Delores Carlos</u>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Brunstrom, Columbia, Mo.</u> ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis, congenital bilateral</u> ANTECEDENT CAUSES <u>Prematurity</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7625</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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?	

22. I hereby certify that I attended the deceased from April 12, 1950 to April 13, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Palmer, M.D.</u> (Degree or title)		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>April 14, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Providence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>April 14 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R & Palmer</u> 31		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parson Funeral Service, Columbia, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

----- District File Number

District Health Officer No. 9

RECEIVED

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 -----

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Tom M. Harg

Licensed Embalmer No. 4067

P. O. Address Blumberg 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.