S. No. 300
v. 10.48

0016
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 31 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22638

BIRTH NO. _____ REG. DIST. NO. [redacted] 1 PRIMARY REG. DIST. NO. 5005 Registrar's No. 179

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Millard
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Millard 0016
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Dora
b. (Middle): Mae
c. (Last): Bruer

**4. DATE OF DEATH** (Month) (Day) (Year): July 9 1950

**5. SEX**: Female 1
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: July 31, 1908
**9. AGE** (In years last birthday): 41 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Home
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (State or foreign country): Brashear, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William Turner
**13b. MOTHER'S MAIDEN NAME**: Thiema Ashburn
**14. NAME OF HUSBAND OR WIFE**: Dr. Carl A. Bruer

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Roy Turner, Kirksville, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Essential Hypertension — 24 yrs +

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 391X

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May 12, 1950, *to* 7/9, 1950, *that I last saw the deceased alive on* 7/8, 1950, *and that death occurred at* 12:05 pm., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): E. Bertmann D.O.
**23b. ADDRESS**: Kirksville, Mo.
**23c. DATE SIGNED**: 7/9/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7/12/50
**24c. NAME OF CEMETERY OR CREMATORY**: Maple Hills
**24d. LOCATION** (City, town, or county) (State): Kirksville, Mo

**DATE REC'D BY LOCAL REG.**: 7-12-50
**REGISTRAR'S SIGNATURE**: Kate Lambert
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Paul H. Riley, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 18 1950
District Health Officer No. 10
District File Number 7-50-1168
Date Filed JUL 27 1950

## 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 Roy H Mercer
Licensed Embalmer No. 4432
P. O. Address Kirksville, 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.