

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23202

FILED AUG 5 1950

BIRTH NO. 41125 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 107

1. PLACE OF DEATH  
 a. COUNTY Franklin  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington  
 c. LENGTH OF STAY (in this place) \*\*\*  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Cassionade  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville 0370  
 d. STREET ADDRESS (If rural, give location) Pear Street

3. NAME OF DECEASED (Type or Print)  
 a. (First) Bruce b. (Middle) Lee c. (Last) Homfeldt  
 4. DATE OF DEATH (Month) (Day) (Year) 7-25-1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH 7-25-1950  
 9. AGE (In years last birthday) 0 Months 0 Days 0 Hours 0 Mins. 3

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) Washington, Mo. 12. CITIZEN OF WHAT COUNTRY? \*\*\*

13a. FATHER'S NAME Wayne Homfeldt 13b. MOTHER'S MAIDEN NAME Mable Drewell Homfeldt 14. NAME OF HUSBAND OR WIFE \*\*\*

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 Wayne Homfeldt ADDRESS Owensville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Respiratory Failure Due To strangulation Caused By Short Cord Wrapped Around Baby's Neck.  
 ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (c) Around Baby's Neck.  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH 3 min.  
7730

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) 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 7-25, 1950, to 7-25, 1950, that I last saw the deceased alive on 7-25, 1950, and that death occurred at 11:38A m., from the causes and on the date stated above.

23a. SIGNATURE (Disease or title) Rene Bruner, M.D. 23b. ADDRESS Owensville, Mo. 23c. DATE SIGNED 7-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-26-1950 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery 24d. LOCATION (City, town, or county) (State) Oak Hill, Mo.

DATE REC'D BY LOCAL REG. July 28, 1950 REGISTRAR'S SIGNATURE [Signature] 99 25. FUNERAL DIRECTOR'S SIGNATURE Wilford H. H. Winters ADDRESS OWENSVILLE

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

360

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

AUG - 11 1951

DIVISION OF HEALTH OFFICE OF THE STATE

File No. \_\_\_\_\_

**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.....

Licensed Embalmer No. 3838

P. O. Address OWEN SUILLE

*NO EMBALMING*

**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.