No. 300
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FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29594

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 10-50

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphrey - Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - 3 mi - N - Eldon
d. STREET ADDRESS (If rural, give location): N - Eldon 3 mi

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3. NAME OF DECEASED (Type or Print): a. (First) Willie b. (Middle) c. (Last) Brunk

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 22 May 1874
9. AGE (In years last birthday): 76 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen-Farming
11. BIRTHPLACE (State or foreign country): Salem - VA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John - Brunk
13b. MOTHER'S MAIDEN NAME: Sarah - Hicks
14. NAME OF HUSBAND OR WIFE: Grace - Brunk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 495-05-5910
17. INFORMANT'S SIGNATURE OR NAME: Grace - Brunk — ADDRESS: Eldon - 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) Bronchiatpneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma Lung — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 163 X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
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.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from July 10, 1950, to 8-18-, 1950, that I last saw the deceased alive on 8-18-, 1950, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M. E. Humphrey D.O. — **23b. ADDRESS:** Tuscumbia, Mo. — **23c. DATE SIGNED:** 8-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE:** 22 Aug 1950 — **24c. NAME OF CEMETERY OR CREMATORY:** Eldon — **24d. LOCATION** (City, town, or county) (State): Eldon Mo

DATE REC'D BY LOCAL REG.: Aug. 19-50 — **REGISTRAR'S SIGNATURE:** Mrs. Richard L. Wright — **25. FUNERAL DIRECTOR'S SIGNATURE:** Keith McKays — **ADDRESS:** Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 24 1950
MILLER COUNTY HEALTH
DEPARTMENT

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 Keith McKaysl

Licensed Embalmer No. 3998

P. O. Address Eldon 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.