

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40284

State File No. ....

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> <u>0362</u>	
c. LENGTH OF STAY (in this place) <u>1 da</u>		d. STREET ADDRESS (If rural, give location) <u>809 West 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>BRUNE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>5</u> <u>1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>June 17, 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>5</u>	11. DAYS <u>18</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Corn Cob Pipe Indus</u>	11. BIRTHPLACE (State or foreign country) <u>New Haven, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Herman Brune</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Sprick</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-03-0881</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emil Buschbacher</u>	ADDRESS <u>Washington, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerular nephritis</u>		<u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arterio sclerosis</u>		<u>5 yrs</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>572X</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Aug 10, 1950, to Dec 5, 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Schmidt</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>2nd &amp; Elm Washington Mo</u>	23c. DATE SIGNED <u>12-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u> Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 9, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24e. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Funeral Home by [Signature] Washington, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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RECEIVED

DEC 16 1950

DISTRICT HEALTH OFFICE No. 4

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W. Willenbink*

Licensed Embalmer No. *4511*

P. O. Address *Washington, Missouri*

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.