S. No. 300
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FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43452

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4544 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Niangua
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) Schlicht Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Norwood
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) M. c. (Last) BRUTON.

4. DATE OF DEATH (Month) (Day) (Year) Dec 8 1950

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sep 7, 1871
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 3 Days 1 | IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME JOHN HUFFMAN
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE WILLIAM BRUTON.

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. None
17. INFORMANT'S SIGNATURE OR NAME Frank Huffman ADDRESS Norwood, 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) Right Tobar

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia fever
DUE TO (c) 490X

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

INTERVAL BETWEEN ONSET AND 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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 7:20A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W F Schlicht MD
23b. ADDRESS Mongrow Mo
23c. DATE SIGNED Dec 29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-10-50
24c. NAME OF CEMETERY OR CREMATORY Thomas.
24d. LOCATION (City, town, or county) Norwood (State) Mo

DATE REC'D BY LOCAL REG. 12/23/50
REGISTRAR'S SIGNATURE J F Francis 392
25. FUNERAL DIRECTOR'S SIGNATURE Bourdin-Grable-Windle ADDRESS Norwood Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JAN 9 1951
Dist. File 157-89
Date Filed 1-9-51

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 Arthur Bruce
Licensed Embalmer No. 4723
P. O. Address Marshfield, 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.