

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29864**
Registrar's No. **63**

FILED SEP 17 1951
BIRTH NO. **9-1-51** REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4153**

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dade County	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lockwood Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Lloyd b. (Middle) Alfred c. (Last) Brunner			4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug. 29, 1951
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR 0 Months 1 Days	IF UNDER 2 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Lockwood, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Leroy Edwin Brunner	
13b. MOTHER'S MAIDEN NAME Norma Mildred Haustein		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. X	
17. INFORMANT'S SIGNATURE OR NAME L.E. Brunner		ADDRESS Lockwood, Missouri	
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.			INTERVAL BETWEEN ONSET AND DEATH 1 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		76-25	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 29th , 19 51 , to Aug. 30th , 19 51 , that I last saw the deceased alive on Aug. 30th , 19 51 , and that death occurred at 9:25pm. , from the causes and on the date stated above.			
23a. SIGNATURE Max Keithman M.D.		23b. ADDRESS Lockwood	
23c. DATE SIGNED 8-31-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 31, 1951	24c. NAME OF CEMETERY OR CREMATORY New Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Dade County, Missouri
DATE REC'D BY LOCAL REG. 9-1-51	REGISTRAR'S SIGNATURE Geo. L. Weir	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phillips Funeral Home, Golden City, Mo	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

SFP 10 11

Dist File

951-1635

Date

9-10-51

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 _____

not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. *3278*

P. O. Address *Golden City, 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.