

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30825**
Registrar's No. **45**

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 5757		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vichy		c. LENGTH OF STAY (in this place) 31 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vichy		0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 63				d. STREET ADDRESS (If rural, give location) Highway 63			
3. NAME OF DECEASED (Type or Print) EDWARD		a. (First)		b. (Middle) EVERETT		c. (Last) BRUNSTETER	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH May 25, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired miller		10b. KIND OF BUSINESS OR INDUSTRY Flour Mill		11. BIRTHPLACE (State or foreign country) Licking, Missouri		9. AGE (In years last birthday) 71	
13a. FATHER'S NAME William Brunsteter		13b. MOTHER'S MAIDEN NAME Martha Barnes		14. NAME OF HUSBAND OR WIFE Minnie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Lenneman Vichy, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic rheumatic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the prostate				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 415XH				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 July 24, 1950 , to 9/28/51 , that I last saw the deceased alive on 9/28/51 , and that death occurred at 1:00A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) S. C. Howard D.O.				23b. ADDRESS Vienna, Missouri		23c. DATE SIGNED 10/2/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Sherrill Cemetery		24d. LOCATION (City, town, or county) (State) Texas County, Mo.	
DATE REC'D BY LOCAL REG. 10-2-51		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Holla, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

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 _____

Signed
Student Embalmer

Licensed Embalmer No. 3397

P. O. Address _____
Rosen Wm

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.