

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 823 PRIMARY REG. DIST. NO. 4473 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackburn</u>	c. LENGTH OF STAY (in this place) <u>53 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackburn</u> <u>1970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED
(Type or Print) a. (First) Emma b. (Middle) Brunkhorst c. (Last) Brunkhorst 4. DATE OF DEATH (Month) (Day) (Year) Feb - 8 - 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Feb 6 - 1868 9. AGE (in years last birthday) 83 5 MONTHS 2 YEARS IF UNDER 1 YEAR Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Boeschenville Benton Co Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Boeschen 13b. MOTHER'S MAIDEN NAME Anna Martha Eba 14. NAME OF HUSBAND OR WIFE John Henry Brunkhorst

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 Herman Brunkhorst ADDRESS Blackburn Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis, acute INTERVAL BETWEEN ONSET AND DEATH 3 hours

ANTECEDENT CAUSES DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

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

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 331X 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) _____ 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 Nov 15, 1945 to Feb 8, 1952, that I last saw the deceased alive on Feb 8, 1952 and that death occurred at 6:10 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douglas Kelling, M.D. 23b. ADDRESS Waverly Mo 23c. DATE SIGNED 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Rural 24b. DATE 2-10-1952 24c. NAME OF CEMETERY OR CREMATORY Blackburn City Cemetery 24d. LOCATION (City, town, or county) (State) Blackburn Mo

DATE REC'D BY LOCAL REG. 2/16/52 REGISTRAR'S SIGNATURE Andrew Dally 293-0 25. GENERAL DIRECTOR'S SIGNATURE W. Minnichagen ADDRESS Blackburn Mo

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

970
1

MAY 22 1954

MAY 20 1954

MAY 24 1954

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.....
Student Embalmer

Signed *Roy F Weger*

Licensed Embalmer No. *2883*

P. O. Address *Higginsville*

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.