

S. No. 300
V. 10.48

8838

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5096 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>Rural-Valle</u>	c. LENGTH OF STAY (in this place) <u>YRS</u>	c. CITY OR TOWN <u>Rural-Valle</u> <u>1573</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 2 DeSoto-Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 - DeSoto, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Joseph</u>	a. (First)	b. (Middle)	c. (Last) <u>Brunner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 25-1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr. 18-1912</u>	9. AGE (In years last birthday) <u>39</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Priest</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>	11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FR. MCCORTHY</u>	ADDRESS <u>DeSoto Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure Due to</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>a Virus infection</u> DUE TO (c) <u>Information from Health office</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Dr. Phas Robbins Skidmore Mo</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 10 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Long Coroner</u> (Degree or title)	23b. ADDRESS <u>Rt. 1 DeSoto Mo</u>	23c. DATE SIGNED <u>3/25/1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>3-29-52</u>	REGISTRAR'S SIGNATURE <u>Marie Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. See Mathushad</u>	ADDRESS <u>DeSoto, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED APR 1 1952

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 Andrew H England

Licensed Embalmer No. 47845

P. O. Address De Soto, 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.