No. 300
10.48

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12205

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 141

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 1 yr 7 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital no 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles 0923
d. STREET ADDRESS (If rural, give location): 722 S 4th St

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle):
c. (Last): Brune

4. DATE OF DEATH (Month) (Day) (Year): Apr 17 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 26, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 9, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): St Charles Co Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Peter Brune
13b. MOTHER'S MAIDEN NAME: Mary Summer
14. NAME OF HUSBAND OR WIFE: never married

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.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: M. Vincent Brune, Silex 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): Chronic 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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
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* ~~Mo~~ Dec 4, 1950, *to* Apr 17, 1952, *that I last saw the deceased alive on* Apr 17, 1952, *and that death occurred at* 9 50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Hunter MD
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: Apr 17 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/18/52
24c. NAME OF CEMETERY OR CREMATORY: DK
24d. LOCATION (City, town, or county) (State): St Charles Mo

DATE REC'D BY LOCAL REG.: Apr. 19-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Maupin F. H. Fulton

(Licensed Embalmer's Statement on Reverse Side)

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton 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.