

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19022**

5. No. 306
7. 10. 483

MAY 19 1952

Registrar's No. **104**

BIRTH NO. _____		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 6083	Registrar's No. 104	
1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nelson		c. LENGTH OF STAY (In this place) 1 day.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nelson Marshall 0972		
d. FULL NAME OF HOSPITAL OR INSTITUTION Nelson, Mo.			d. STREET ADDRESS (If rural, give location) Nelson, Mo. 755 E. Thomas		
3. NAME OF DECEASED (Type or Print) a. (First) Flora		b. (Middle) _____	c. (Last) Bruner		4. DATE OF DEATH (Month) (Day) (Year) May, 13, 1952
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 23, 1902	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Clem Johnson		13b. MOTHER'S MAIDEN NAME Lena Williams		14. NAME OF HUSBAND OR WIFE	
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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Johnson, Nelson, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Paralysis			24. INTERVAL BETWEEN ONSET OF DISEASE 2 Years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
		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 334X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 May 2 , 19 52 , to May 13 , 1952, that I last saw the deceased alive on May 13th , 19 52 , and that death occurred at 4:28 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE John M. W. Walsh D.C.		(Degree or title)	23b. ADDRESS Marshall RFD, 1		23c. DATE SIGNED 5-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/16/52	24c. NAME OF CEMETERY OR CREMATORY Nelson, Cemetery	24d. LOCATION (City, town, or county) (State) Nelson Saline County Mo		
DATE REC'D BY LOCAL REG. May, 16, 1952		REGISTRAR'S SIGNATURE Sidney T. Gray 385	25. GENERAL DIRECTOR'S SIGNATURE George E. ...		

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

JUN 26 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.

Signed *Gayle Green*

Signed _____
Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Wichita, 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.