

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38273

State File No. _____

FILED DEC 8 1952		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1061	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital				d. STREET ADDRESS (If rural, give location) 436 South Grant			
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) WHITE c. (Last) BRUTON			4. DATE OF DEATH (Month) (Day) (Year) November 27 1952				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 10, 1896	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Seymour, Missouri	
11. BIRTHPLACE (City and State or Foreign Country) Seymour, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME R Jason White		13b. MOTHER'S MAIDEN NAME Saphrona Goss	
14. NAME OF HUSBAND OR WIFE Harry Bruton		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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Bruton, Springfield, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with left hemiplegia</u> 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. <u>1) Aplasia of left renal artery -</u> <u>2) Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH 2 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					20. AUTOPSY? YES <input checked="" 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)		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 <u>Nov 28</u> , 19 <u>52</u> , to <u>Nov 27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 27</u> , 19 <u>52</u> , and that death occurred at <u>10:35</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Sam Callaway MD</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>11/29/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Seymour Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. <u>12-1-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Sahmeyer, Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

396
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Carl
H.

1967

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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, 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.