

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **739**

FILED **JAN 26 1953** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>JEFFERSON CITY</b> ) c. LENGTH OF STAY (in this place) <b>LIFE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b> <b>0 264</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>715 W. HIGH</b>	
3. NAME OF DECEASED (Type or Print) <b>ELIZABETH BRUNS</b> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 20, 1953</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>JAN. 29, 1868</b>
9. AGE (In years last birthday) <b>84 84</b>		<b>11</b> MONTHS <b>21</b> DAYS	9. AGE (In years last birthday) <b>84 84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>FLORISSANT, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HENRY BOCKRATH</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZABETH LOTT</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY BRUNS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EDITH BRUNS J. C. MO.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Myocardial failure</b> ANTECEDENT CAUSES <b>Arteriosclerotic heart disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>E9030</b> DUE TO (c) <b>20</b> II. OTHER SIGNIFICANT CONDITIONS <b>Fracture R. Femur</b> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>1-16-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fracture R. Femur - Pinned 121</b>	
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.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Jeff. City - Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1-23-53 2</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>Clipped on floor</b>			
22. I hereby certify that I attended the deceased from <b>12-23</b> , 19 <b>52</b> to <b>1-20</b> , 19 <b>53</b> that I last saw the deceased alive on <b>1-20</b> , 19 <b>53</b> and that death occurred at <b>11:45 AM</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>A. Oldman MD</b> (Degree or title)		23b. ADDRESS <b>Jefferson City, Mo</b>	
23c. DATE SIGNED <b>1/23/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/23/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>ST. PEERS</b>		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON CITY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>Jan 24-53</b>		REGISTRAR'S SIGNATURE <b>R. G. Davis MD-MR</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Lyvester Dulle</b> ADDRESS <b>J.C. Mo.</b>			

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FEB 2 1958

FEB 7 1958

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.....

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.