

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5015

State File No.

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 97

0143

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (In this place) <u>TWO MO.</u>		d. STREET ADDRESS (If rural, give location) <u>317 West 8th St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>317 West 8th St.</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>Isiah</u> b. (Middle) _____ c. (Last) <u>Bruner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>Aug, 10, 1904</u>		9. AGE (In years last birthday) <u>48</u>		10. F UNDER 1 YEAR Months _____ Days _____ 11. F UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Orderly</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Callaway Hosp.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo U</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Farris Bruner</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Hubbard</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Bruner (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-22-6741</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laure Kibby 317 W 8th St. Fulton, Mo</u>	

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>Due to gunshot</u> <u>Self inflicted-- Suicide</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton, Callaway Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 3 1953 2Pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>	

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 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Krebs Deputy Coroner</u>		23b. ADDRESS <u>501 East 9th St, Fulton Mo</u>		23c. DATE SIGNED <u>Mo 3/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Richland Cem</u>	
		24d. LOCATION (City, town, or county) (State) <u>8 Mi N.W. Fulton Mo</u>			

DATE REC'D BY LOCAL REG. <u>March 4-1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Bell Fulton Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 26 1955

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

Eli Beel

Licensed Embalmer No. 2130

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.