

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **9334**
 Registrar's No. **62**

FILED APR 14 1953

BIRTH NO. _____		REG. DIST. NO. 46		PRIMARY REG. DIST. NO. 3020		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY OR TOWN Washington		c. LENGTH OF STAY (in this place) 10 hrs		c. CITY OR TOWN Rural-Central Twp. 0360		d. STREET ADDRESS (If rural, give location) Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				3. NAME OF DECEASED a. (First) Joe b. (Middle) Harold c. (Last) Bruna			
4. DATE OF DEATH (Month) (Day) (Year) 4 2 53		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Oct. 4 1946		9. AGE (In years last birthday) 6		if UNDER 1 YEAR Months 5 Days 28		if UNDER 12 Mos. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W. A. Brunas		13b. MOTHER'S MAIDEN NAME Elizabeth Cordell		14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT'S SIGNATURE OR NAME W. A. Brunas ADDRESS St. Clair 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Waterhouse-Friderichsen Syndrome ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningococcus Septicemia DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 18 hrs. 18 hrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		0571	
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 <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 4/2 , 19 53 , to 4/2 , 19 53 , that I last saw the deceased alive on 4/2 , 19 53 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. A. Brunas				23b. ADDRESS Union, Missouri		23c. DATE SIGNED 4/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-5-53		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Lonedell, Mo.	
DATE REC'D BY LOCAL REG. April 4, 1953		REGISTRAR'S SIGNATURE F. P. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE Chesley & Leach		ADDRESS St. Clair, Mo.	

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

0362
C

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 *H. M. Lewis* _____

Licensed Embalmer No. 3601 _____

P. O. Address St. Clair, 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.