

No. 300
10.48

FILED MAY 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14866

State File No.

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5664 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Miller</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Los Angeles</u> <u>8040</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>642 1/2 W. 94th St.</u>	
3. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Schwarzen Bruner</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (In years last birthday) <u>60</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motor Coach</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Hungary</u>	12. CITIZEN OF WHAT COUNTRY? <u>Hungary</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob Schwarzen Bruner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Record found in possession</u> ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BROKEN NECK</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal Injuries</u>		
	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 _____	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.) <u>Ng. 66 150th. West June 30, 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lynchburg Lawrence Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>4-22-1953 6:50 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accident</u>

22. I hereby certify that I attended the deceased from Dead, to suber, 1953, that I last saw the deceased alive on coroner's report, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Fessett</u> (Degree or title) <u>Coroner Lawrence</u>	23b. ADDRESS <u>158 Vernon Mo</u>	23c. DATE SIGNED <u>4-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pittsburg Pa.</u>
24d. LOCATION (City, town, or county) (State) <u>Pittsburg Pa.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Monnie Keiman</u>	ADDRESS <u>Miller Mo</u>
DATE REC'D BY LOCAL REG. <u>4-24-1953</u>	REGISTRAR'S SIGNATURE <u>W.S. Burney</u>	

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

550
3

AUG 17 1953

JUN 26 1953

SEP 11 1953

MAY 1 1953

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 E. B. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.