DR. TURNER

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 - 1953

State File No. 17653

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 501

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONWAY (RURAL) 0530
d. STREET ADDRESS (If rural, give location): ROUTE # 1

3. NAME OF DECEASED (Type or Print): a. (First) FREED b. (Middle) O. c. (Last) BRUNNER
4. DATE OF DEATH (Month) (Day) (Year): MAY 25, 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 14 1905
9. AGE (In years last birthday): 47 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): WHITLEY COUNTY, INDIANA
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: ZENO BRUNNER
13b. MOTHER'S MAIDEN NAME: DOROTHY TAYLOR
14. NAME OF HUSBAND OR WIFE: VERNA BRUNNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. # 2
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: MRS. VERNA BRUNNER ADDRESS: CONWAY, MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic ht. dis. — 4 years
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: 4200
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/24/53, 19__, *to* 5/25, 1953, *that I last saw the deceased alive on* 5/25, 1953, *and that death occurred at* 1:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glenn O. Turner, M.D. (Degree or title)
23b. ADDRESS: Springfield, Mo.
23c. DATE SIGNED: 5/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5/28/53
24c. NAME OF CEMETERY OR CREMATORY: - - - -
24d. LOCATION (City, town, or county) (State): LARWILL, INDIANA

DATE REC'D BY LOCAL REG.: 5-27-53
REGISTRAR'S SIGNATURE: Deputy Fred Wellemeyer Reg.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: H.H. LOHMEYER SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

JUN 18 1958

JUN 11 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 Lucien L. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.