

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21278

State File No. _____

FILED JUN 29 1953

| | | | | | | | | |
|---|-------------------------------|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>592</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>5 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>621 East Monroe</u> 0396 0 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> | | b. (Middle) <u>F</u> | | c. (Last) <u>BRUNSON</u> | | DATE OF DEATH (Month) (Day) (Year) <u>June 20 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>January 20, 1876</u> | 9. AGE (In years last birthday) <u>77</u> | 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) <u>Retired Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building Construction</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>on Ralls Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>C B Brunson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Drusilla Hunt</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs Mattie Brunson</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mattie C Brunson, Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarct due to Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hyper-tensive Cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic Gangrene Rt foot 10 days</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>3 years</u> | |
| 19a. DATE OF OPERATION <u>6-16-53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Gangrene Rt foot.</u> | | | | 20. AUTOPSY? <u>4143X</u> 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.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 <u>6-15</u> , 19 <u>53</u> , to <u>6-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-23</u> , 19 <u>53</u> , and that death occurred at <u>11:50P</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Michael J. Belauke</u> | | | | 23b. ADDRESS <u>1630 N. Jefferson</u> | | 23c. DATE SIGNED <u>6-22</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 23, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>6-26-53</u> | | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo</u> RW | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

file
month

JAN 19 1956

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.