

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		c. LENGTH OF STAY (in this place) 30 yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) John b. (Middle) T. c. (Last) Bruner		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 6, 1872
9. AGE (in years last birthday) 80		10. MONTHS 7	11. DAYS 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchmaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Adair County
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME David Bruner		13b. MOTHER'S MAIDEN NAME Mirandy Dabney	14. NAME OF HUSBAND OR WIFE Minnie Bruner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sevena Coleman Rutledge, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subtotal Hemorrhage of the Brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arterial hemorrhage 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 June 19, 1953 to July 20, 1953 that I last saw the deceased alive on July 20, 1953 , and that death occurred at 8:44 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. S. Coates D.O.		23b. ADDRESS La Belle	23c. DATE SIGNED 7-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/22/1953	24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery	24d. LOCATION (City, town, or county) (State) La Belle, Missouri
DATE REC'D BY LOCAL REG. 7-15-53	REGISTRAR'S SIGNATURE P. W. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE L. S. Coates J. La Belle, Mo	ADDRESS

STATEMENT BY LICENSED EMBALMER

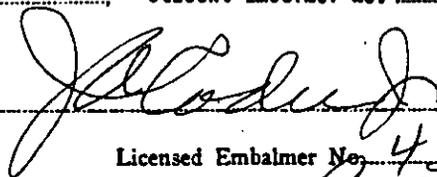
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Mypel

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4328

P. O. Address Abelle, N

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.