

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **25760**

FILED JUL 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **5841** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <b>Newton</b>			a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Buffalo</b>		c. LENGTH OF STAY (If this place) <b>3 mos.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Buffalo 0730</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>11 mi SE. of Seneca</b>			d. STREET ADDRESS (If rural, give location) <b>Rural 11 mi SE. of Seneca</b>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Minnie</b>	b. (Middle) <b>Bell</b>	c. (Last) <b>Bruner</b>	<b>July 10, 1953</b>		

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>whit.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Divorced</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 17 1883</b>	<b>9. AGE</b> (In years) (Month) (Day) (Year) <b>70</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Nebraska</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Solomon Basaker</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Julia Ann Teague</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Bernard Bruner</b>	<b>ADDRESS</b> <b>Seneca, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b> <b>4 yrs.</b> <b>4 yrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial failure</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <b>DUE TO (b) Secondary Anemia</b> <b>DUE TO (c) Cancer of Uterus</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>C.A.</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Seneca, Newton, Mo.</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from June 1, 1953, to July 10, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 4:40 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>John A. Roberts</i>	<b>23b. ADDRESS</b> <b>D.O. Seneca, Mo.</b>	<b>23c. DATE SIGNED</b> <b>7/11/53</b>
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<b>24a. BURLIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>7-14-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sears Pr. Bapt. Ch.</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Newton Co., Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-18-53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mrs. Irene Russell</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>W. Beddlaum</i>	<b>ADDRESS</b> <b>Seneca, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer ~~.....~~

District File Number ~~.....~~

Date Filed ~~.....~~

753-139  
7-20-53

**NEOSHO, MISSOURI**

**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 *J. E. Addle...*

Licensed Embalmer No. 2174

P. O. Address Seneca

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.