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FILED OCT 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31194**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **276**

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CAPE GIRARDEAU</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU 1DAP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>RFD #3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPHINE H.</b> b. (Middle) <b>BRUCKER</b> c. (Last) <b>BRUCKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 24 1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>AUG 8 1892</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		11. BIRTHPLACE (State or foreign country) <b>CAPE GIRARDEAU MO</b>	
13a. FATHER'S NAME <b>JOSEPH KIRCHDOERFER</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE MENNE</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN W. BRUCKER</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>✓</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME (Address) <b>John W. Brucker Chaffee Mo</b>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Accident RFD #3</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one hour</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertensive Cardiovascular Disease 10 yrs</b>		
	DUE TO (c)		
11. 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **21 Sep 1953**, to **24 Sep 1953**, that I last saw the deceased alive on **24 Sep 1953**, and that death occurred at **10:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. O'Keefe</b> (Degree or title)	23b. ADDRESS <b>Cape Girardeau Mo</b>	23c. DATE SIGNED <b>28 Sep 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24b. DATE <b>9-26-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARYS CEM</b>
24d. LOCATION (City, town, or county) (State) <b>CAPE GIRARDEAU MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <b>Wm Stubble Chaffee Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-28-53</b>	REGISTRAR'S SIGNATURE <b>W.C. Summers</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Licensed Embalmer No. 3810

P. O. Address Capt. Giarlean

**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.