

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1232**

BIRTH NO. FILED **FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **216**

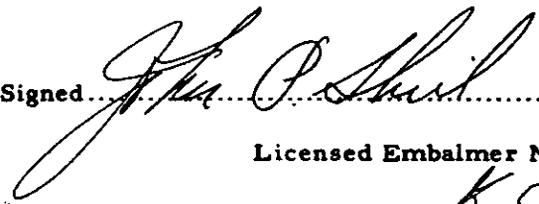
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 2 Wks		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 3207-COLLEGE		e. CITY OR TOWN KANSAS CITY		f. STREET ADDRESS (If rural, give location) 710 5017-WABASH	
3. NAME OF DECEASED (Type or Print) a. (First) Carl		b. (Middle) T		c. (Last) Bruton	
4. DATE OF DEATH (Month) (Day) (Year) 1 13 54		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 5-8-1908		9. AGE (In years last birthday) Months Days 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LEATHER CRAFTSMAN FACTORY		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Norwood Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME JESSIE BRUTON		13b. MOTHER'S MAIDEN NAME MARY FREED	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-12-4683	
17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Gunther K.C.Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) MECHANICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericarditis Lincis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Repeated Straining abdomen at Gen		19. INTERVAL BETWEEN ONSET AND DEATH 5810	
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) Natural		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. 1-15-54		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Hugh B. Owens		23b. ADDRESS 1039 Rialto Blvd		23c. DATE SIGNED 1-14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-15-54		24c. NAME OF CEMETERY OR CREMATORY MT WASHINGTON K.C. Mo	
24d. LOCATION (City, town, or county) (State) K.C. Mo		25. FUNERAL DIRECTOR'S SIGNATURE JOHN P. HEIL		ADDRESS K.C. Mo	
DATE REC'D BY LOCAL REG. 1-15-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE JOHN P. HEIL	

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 362
P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**