

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4008**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **229**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Dekalb - Rural	
c. LENGTH OF STAY (In this place) 2 mo. 22 days		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) L. c. (Last) Brunley			4. DATE OF DEATH (Month) (Day) (Year) March 1 - 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 6 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Henry Brunley	13b. MOTHER'S MAIDEN NAME Mary Jane Simmons	14. NAME OF HUSBAND OR WIFE Eliza Jane Brunley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Eliza Jane Brunley	ADDRESS Dekalb Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intertracheal fracture of left femur DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis		E9037 44	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hospital #2	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri
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21d. TIME OF INJURY Feb 19 1954 05 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down on floor
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22. I hereby certify that I attended the deceased from **Feb 24**, 1954, to **March 1**, 1954, that I last saw the deceased alive on **Feb 28**, 1954, and that death occurred at **4 4** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Farrick Thomas MD	23b. ADDRESS Dr. Thomas Mo. 9, State Hosp No 2	23c. DATE SIGNED 3/1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-3-1954	24c. NAME OF CEMETERY OR CREMATORY Washington Cemetery	24d. LOCATION (City, town, or county) (State) Dekalb, Missouri
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DATE REC'D BY LOCAL REG. Mar 3, 1954	REGISTRAR'S SIGNATURE Kathryn M. Allison	FUNERAL DIRECTOR'S SIGNATURE Frank E. Dick	ADDRESS St. Joseph, Mo.
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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
Student Embalmer

Signed *Allan C. Bazar*

Licensed Embalmer No. *4795*

P. O. Address *St. Joseph, 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.