

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11657**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give RURAL and give township) Clinton		c. LENGTH OF STAY (in the place) 13 hours		c. CITY OR TOWN Green Ridge		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital				STREET ADDRESS (If rural, give location) Rt 2 0800			
3. NAME OF DECEASED (Type or Print) ANTON		a. (First) ANTON		b. (Middle) HENRY		c. (Last) BRUNS	
5. SEX male		16. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 16, 1856	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany		9. AGE (In years last birthday) 98	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Anton Bruns		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Dora Schenewark Bruns	
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 Henry Bruns Rt 2 Green Ridge Mo. ADDRESS			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) URINARY RETENTION DUE TO (c) PROSTATIC HYPERTROPHY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIAL PNEUMONIA				INTERVAL BETWEEN ONSET AND DEATH DAYS YRS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		610 X	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 4-7-55 , 19__, to 4-8-55 , 19__, that I last saw the deceased alive on 4-8-55 , 19__, and that death occurred at 12:45 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. C. Sunderwind M.D.				23b. ADDRESS 105 E Ohio Clinton, Mo.		23c. DATE SIGNED 4-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-12-55		24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran		24d. LOCATION (City, town, or county) (State) Lincoln Missouri	
DATE REC'D BY LOCAL REG. April 12-55		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner		ADDRESS Mo.	

APR 19 1953

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.. *William M. Turner*

Licensed Embalmer No.. *464*

P. O. Address.. *Windsor*

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.