FILED APR 26 1955 THE DIVISION OF HEALTH OF MISSOURI

FILED APR 26 1955 STANDARD CERTIFICATE OF DEATH

State File No. 13025

BIRTH NO. 124 72339-54 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 115

1. PLACE OF DEATH

a. COUNTY: St. Francois

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: St. Francois

c. CITY OR TOWN: Farmington

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Susan

b. (Middle): Jo

c. (Last): Gruner

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1955

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant

8. DATE OF BIRTH: Oct 28 1954

9. AGE (In years last birthday): ----

IF UNDER 1 YEAR: Months 5 Days 22

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Bonne Terre Hospital

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN GRUNER

13b. MOTHER'S MAIDEN NAME: ROENA SUTHERLIN

14. NAME OF HUSBAND OR WIFE: Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME: JOHN GRUNER

ADDRESS: FARMINGTON MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congenital heart disease — 6 mo

DUE TO (c) (Coarctation of aorta suspected)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Acute Bronchitis — 2-3 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

7545

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-15 *1955, to* 4-20 *, 1955, that I last saw the deceased alive on* 4-20 *, 1955, and that death occurred at* 5:45 *p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Carleton, M.D.

23b. ADDRESS: Farmington, MO

23c. DATE SIGNED: 4-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: April 23 1955

24c. NAME OF CEMETERY OR CREMATORY: Kof P. 289-0

24d. LOCATION (City, town, or county) (State): Farmington Mo

25. FUNERAL DIRECTOR'S SIGNATURE: Cozean

ADDRESS: Farmington Mo

DATE REC'D BY LOCAL REG.: Apr 21, 1955

REGISTRAR'S SIGNATURE: Esther Rudolph

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..4084

P. O. Address Farmington,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.