

No. 300
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FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19157**
Registrar's No. **94**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Phen Red Oak | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McCane - Brooks | | d. STREET ADDRESS (If rural, give location) LaRussell R.F.D. # 9551 | |

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|-------------------------------------|-------------------------|-------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Natie | b. (Middle) | c. (Last) Brunner | 4. DATE OF DEATH (Month) (Day) (Year) 6-2-1955 |
|-------------------------------------|-------------------------|-------------|--------------------------|---|

| | | | | |
|----------------------|-------------------------------|---|-----------------------------------|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 8-23-1891 | 9. AGE (In years last birthday) Months Days Hours Min. 63 9 10 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Lawrence Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? Native |
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|--|--|--|
| 13a. FATHER'S NAME Sam Campbell | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Henry Brunner |
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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 Mrs Della Mae Catron | ADDRESS Ord. City Red |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERCEREBELLAR FRA. L. HIP. | | 1 wk |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 9040 | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 21 | | | 5 yrs |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LaRussell, Mo. Lawrence, Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 26, 1955 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Fall in Home. |
|---|---|---|

22. I hereby certify that I attended the deceased from **2-16, 1954**, to **6-2, 1955**, that I last saw the deceased alive on **6-2, 1955**, and that death occurred at **4:10 A. M.**, from the causes and on the date stated above.

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|---|-------------------|--|--------------------------------|
| 23a. SIGNATURE Frank H. Brunner M.D. | (Degree or title) | 23b. ADDRESS 121 West 4th, Carthage, Mo. | 23c. DATE SIGNED 6-6-55 |
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|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-5-1955 | 24c. NAME OF CEMETERY OR CREMATORY Red Oak | 24d. LOCATION (City, town, or county) (State) Red Oak Mo. |
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| DATE REC'D BY LOCAL REG. 6-7-55 | REGISTRAR'S SIGNATURE Edw. Clinton | 25. FUNERAL DIRECTOR'S SIGNATURE Morris - Reiman | ADDRESS Miller Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 556-400
Date Filed JUN 15 1955

MAR 6 1956

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 E. R. Lemmon

Licensed Embalmer No. 3297

P. O. Address Miller 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.