

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20849

State File No. _____

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Branson</u>		c. CITY OR TOWN <u>Branson</u>		d. IS RESIDENCE WITHIN LIMITS OF A CITY INCORPORATED THERE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>Rural</u>		1060	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Shops. Hosp</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Bruffett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-55</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>April 5-1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home maker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Branson Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Shuman Bull</u>		13b. MOTHER'S MAIDEN NAME <u>Anna-Elizabeth New-T. Bruffett</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Bruffett</u>		ADDRESS <u>Branson Mo</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of right breast</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) _____		21b. PLACE OF INJURY (a.s., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 4/1, 1955, to June 13, 1955, that I last saw the deceased alive on 6/13, 1955, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. T. Evans M.D.</u>		23b. ADDRESS <u>Branson Mo.</u>		23c. DATE SIGNED <u>6/14/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>6-16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jewell</u>		24d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>	
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DATE RECD BY LOCAL REG. <u>6/16/55</u>		REGISTRAR'S SIGNATURE <u>Deleu Campbell</u>		514		25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel F. Home</u>		ADDRESS <u>Branson</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Minnie L. Wheeler*.....

Licensed Embalmer No. *227*..

P. O. Address *Boston*.....

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.