

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 14 1956

 BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 52

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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u> | |
| b. CITY OR TOWN <u>Fulton</u> | | c. CITY OR TOWN <u>Abela</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u> | | e. STREET ADDRESS (If rural, give location) <u>09901</u> | |

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|--|-----------------------|------------------------|---------------------|----------------|------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Griffith</u> | b. (Middle) <u>D.</u> | c. (Last) <u>Brunk</u> | (Month) <u>Feb.</u> | (Day) <u>9</u> | (Year) <u>56</u> |

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|--------------------|-------------------------------|---|-----------------------------------|---|---------------------------|-------------------------|---------------------------|--------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>4-29-1871</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|---|-----------------------------------|---|---------------------------|-------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Doris Co Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>L.D. Brunk</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Finley</u> | 14. NAME OF HUSBAND OR WIFE <u>Jennie Brunk</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Dr.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Ross</u> ADDRESS <u>Road Fulton 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, asphyxia, 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) <u>Hypostatic Pneumonia</u> | | |
| | ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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 (e.g., 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) (Min.) | 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 Oct 12, 1955 to 2-9, 1956, that I last saw the deceased alive on 2-9, 1956, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Wm J. Owen M.D.</u> | 23b. ADDRESS <u>State Hosp #1</u> | 23c. DATE SIGNED <u>2-9-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>2/10/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OK. Memphis</u> | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb-11-1956</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maurice F. N. Fuller</u> ADDRESS <u>Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 2 1958

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 *Nancy A. Stewart*

Licensed Embalmer No. *372*

P. O. Address *Gulston*

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.