

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30154**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Excelsior Springs</b>	c. LENGTH OF STAY (In this place) <b>5 hrs</b>	c. CITY OR TOWN <b>1 Mile West of Excelsior Spgs</b>	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 <b>Excelsior Springs Hospital</b>		STREET ADDRESS (If rural, give location) <b>1 Mile West of Rural-Excelsior Springs Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Raymond</b> b. (Middle) <b>LeRoy</b> c. (Last) <b>Brunke</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 21 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 6 1932</b>	9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Parts Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Frachaut Trailer Co</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Eugene Brunke</b>	13b. MOTHER'S MAIDEN NAME <b>Mildred Jeffers</b>	14. NAME OF HUSBAND OR WIFE <b>Wilhelmina Brunke</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>W.n.# 2 491-32-3341</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr Eugene Brunke-Excelsior Spgs Mo.</b>
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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) <b>Broken Neck - Intra Cranial Damage</b>		
	ANTECEDENT CAUSES	DUE TO (b) <b>Car, Train Collision</b>	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)	
	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 (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>R.R. Crossing</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>near Mosby</b> (COUNTY) <b>CLAY</b> (STATE) <b>Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) <b>8-21-56</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Train hit Car while crossing tracks</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr O.S. Pate M.D. (Degree or title)</b>	23b. ADDRESS <b>North Kansas City, Missouri</b>	23c. DATE SIGNED <b>8-22-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9/12/56</b>	REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Virgil Hope, Excelsior Spgs Mo.</b>
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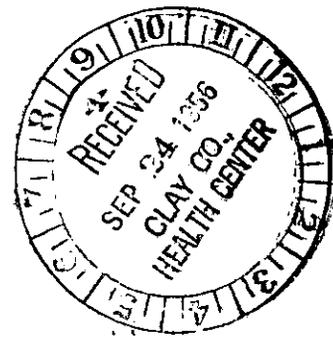
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*6602*

*62-1*

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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 *James G. Moller* .....  
Licensed Embalmer No. 3296 .....

P. O. Address Excelsior Spg .....

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.