

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34756

BIRTH NO.		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5758		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY <b>Maries</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Brinktown, Mo.</b>		c. LENGTH OF STAY (In this place) <b>65 yrs.</b>		c. CITY OR TOWN <b>Brinktown Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>Philomena</b>		a. (First)		b. (Middle)		c. (Last) <b>Brune</b>	
4. DATE OF DEATH <b>Oct. 17. 1956.</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 31, 1873.</b>		9. AGE (In years last birthday) <b>83</b>		10. IF UNDER 1 YEAR Months <b>2</b> Days <b>16</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Westpoint, Neb.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Adam Bauer</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Bitterick</b>	
14. NAME OF HUSBAND OR WIFE <b>Peter Brune</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank Brune, Brinktown, Mo.</b>	
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) <b>Carcinoma of sigmoid</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>June 15, 1954</b> , to <b>Oct 17, 1956</b> , that I last saw the deceased alive on <b>Oct 17, 1956</b> , and that death occurred at <b>5:20 P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Douglas L. Bates D.O.</b>		23b. ADDRESS <b>Dixon, Mo.</b>		23c. DATE SIGNED <b>10-20-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Oct. 20, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Guardian Angel</b>		24d. LOCATION (City, town, or county) (State) <b>Brinktown, Mo.</b>		25. REGISTRAR'S SIGNATURE <b>Pauline Souvel</b>	
DATE REC'D BY LOCAL REG. <b>10-22-56</b>		26. DIRECTOR'S SIGNATURE <b>W. C. Cunningham</b>		27. ADDRESS <b>Vienna, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1880

MAR 11 1957

### 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.....

Licensed Embalmer No. 3664

P. O. Address.....

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.