

FILED JAN 7 1957

STANDARD CERTIFICATE OF DEATH

44591

State File No. ....

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

|   |  |  |   |  |  |   |  |
|---|--|--|---|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>371</u>  |   | PRIMARY REG. DIST. NO. <u>4541</u>   |  | Registrar's No. <u>6</u>  |  |
| I. PLACE OF DEATH<br>a. COUNTY <u>Webster</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fardland</u>  |  | c. LENGTH OF STAY (in this place)  |   | c. CITY OR TOWN <u>Fardland</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>  |  |  |   | e. STREET ADDRESS (If rural, give location) <u>1120</u>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>JESSIE</u> b. (Middle) <u>R</u> c. (Last) <u>BRUTON</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 17 - 1956</u> |  |  |   |  |
| 5. SEX <u>M</u>   |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  |  | 8. DATE OF BIRTH <u>8-3-1877</u>  |  |
| 9. AGE (In years last birthday) <u>79</u>   |  | IF UNDER 1 YEAR Months _____ Days _____  |   | IF UNDER 14 HRS. Hours _____ Min. _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>State of Missouri</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  | 13a. FATHER'S NAME <u>Miles Bruton</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Lewis</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Mary E Bruton</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)                           |  |   |  |
| 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary E Bruton</u> ADDRESS <u>Fardland, Mo</u>                     |   |  |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion.</u>   |  | MEDICAL CERTIFICATION  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| ANTECEDENT CAUSES   |  | DUE TO (b) <u>Arterio-sclerosis.</u>   |   |  |  |   |  |
| DUE TO (c) <u>Hypertension.</u>   |  | II. OTHER SIGNIFICANT CONDITIONS   |   |  |  |   |  |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>  |  | 19a. DATE OF OPERATION   |   |  |  | 19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>  |  |
| 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) <u>4201</u>   |  |
| 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?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Sept. 1956</u> , to <u>Dec. 17, 1956</u> , that I last saw the deceased alive on <u>Dec. 15, 1956</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above. |  |  |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>A. R. Schultz, M.D.</u>   |  |  |   | 23b. ADDRESS <u>Fardland, Mo.</u>  |  | 23c. DATE SIGNED <u>12/29/56</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>12/20/56</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Agersville, Missouri</u>   |  |
| DATE REC'D BY LOCAL REG. <u>12-31-56</u>  |  | REGISTRAR'S SIGNATURE <u>Opal M. Good.</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lynn Farrell, Fardland, Mo</u>   |  |   |  |

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 *J. K. Lavelle*.....

Licensed Embalmer No. *4910*.....

P. O. Address *Rogersville*.....

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.