

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-024903

FILED VS JUL 27 1959

Registration District No. 37 Primary Registration District No. \_\_\_\_\_ Registrar's No. 180 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u> Length of stay in 1b <u>12 hours</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>RFD #1 Greenridge</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>R.F.D. #1</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
<b>3. NAME OF DECEASED</b> First Middle Last <u>ANTON HENRY BRUNS</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>July 16 1959</u>					
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Jan 22, 1890</u>		<b>9. AGE (last birthday)</b> <u>69</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Germany</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Germany</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A</u>	
<b>13a. FATHER'S NAME</b> <u>Anton Bruns</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louise Schenewerk</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Katie Butcher</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)				<b>16. SOCIAL SECURITY NO.</b> <u>495-40-4357-A</u>		<b>17. INFORMANT</b> Address <u>Mrs Henry Bruns Greenridge Mo</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Collapse</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> <u>2 yrs</u> DUE TO (c) <u>Carcinoma of Cecum</u> <u>2 yrs +</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year									
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>March 1959</u> <b>to</b> <u>July 16, 1959</u> <b>and last saw him alive on</b> <u>July 15, 1959</u> Death occurred at <u>2:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> (Degree or title) <u>William J. Smith MD</u>				<b>22b. ADDRESS</b> <u>Windsor, Mo.</u>				<b>22c. DATE SIGNED</b> <u>7/17/59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>July 19, 1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenridge Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Greenridge Mo.</u>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Ellis M. Huston Windsor Mo</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-20-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mildred Biggs</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, N.

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.