

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032123

FILED VS SEP 28 1959, 37

Registration District No. Primary Registration District No. Registrar's No. 237 STATE FILE NUMBER

NDDED

DOCUMENT

| | | | | | | | |
|---|-------------------------------|---|--------------------------------------|--|---|---|------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u> Inside Limits b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u> 5 days. Inside Limits c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u> Inside Limits d. STREET ADDRESS <u>R.F.D. 2</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) <u>ELLA MAE BRUNS</u> | | | | 4. DATE OF DEATH <u>Sept. 19, 1959</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 28, 1892</u> | 9. AGE (last birthday) <u>67</u> | IF UNDER 1 YEAR <input type="checkbox"/> Months <input type="checkbox"/> Days | IF UNDER 24 HR <input type="checkbox"/> Hours <input type="checkbox"/> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Orange County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>August A. Jenkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Hawkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>John H. Bruns.</u> Address | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>John H. Bruns. Windsor Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Respiratory Collapse</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Coronary Occlusion</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> | | | |
| DUE TO (c) <u>Coronary Artery Disease</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3-4 yrs.</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u> | | | | 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 | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Windsor</u> | | COUNTY <u>Mo.</u> | STATE <u>Mo.</u> |
| 21. I attended the deceased from <u>9-19-59</u> to <u>9-19-59</u> and last saw her alive on <u>9-19-59</u> | | Death occurred at <u>9:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Julia Bruns</u> (Degree or title) | | 22b. ADDRESS <u>Windsor Mo.</u> | | 22c. DATE SIGNED <u>9-23-59</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Sept 21, 1959</u> | | 23c. NAME OF CEMETERY OR CREMATORIAL <u>Laurel Oak Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Windsor</u> (State) <u>Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Ellis M. Huston</u> (Name) <u>Windsor Mo.</u> | | ADDRESS <u>9-24-59</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-24-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Wildred Bigum</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

Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor M

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;