

FILED VS DEC 17 1959

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 325

Primary Registration District No. 4478

Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <i>Lancaster</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lancaster</i>		c. CITY OR TOWN <i>Lancaster</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	
3. NAME OF DECEASED (Type or print) <i>MENNETH LAWSON BRUNER</i>		4. DATE OF DEATH Month <i>Dec</i> Day <i>11</i> Year <i>59</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 20-1938</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Mo.</i>
13a. FATHER'S NAME <i>Jacy Bruner</i>		13b. MOTHER'S MAIDEN NAME <i>Flores Williams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>Flores Williams</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crushed in auto accident</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Broken neck from back</i> DUE TO (c) <i>Interval between onset and death</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <i>car accident</i>	
20c. TIME OF INJURY Hour <i>10:00</i> a.m. <i>Dec 11 59</i>		20d. INJURY OCCURRED WHILE AT <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 <i>Blumway 63 Schuyler MO</i>	
21. I attended the deceased from <i>10:00</i> to <i>10:00</i> and last saw her alive on <i>10:00</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Dr. J. J. Norman</i> (Degree or title) <i>3</i>	
22b. ADDRESS <i>Lancaster MO</i>		22c. DATE SIGNED <i>Dec 12 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/14/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Fabius</i>	23d. LOCATION (City, town, or county) (State) <i>Near Lancaster Mo.</i>
24. FUNERAL DIRECTOR <i>Bo Fenton Lancaster Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12/14/59</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. B. J. Drake</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Securing the medical certification in the specific manner required by 193.140 MO RS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 10 1960

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 *P. J. Jentow*

Licensed Embalmer No. *3705*
P. O. Address *Lancaster, Pa.*

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.