

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001013

Dr. Peterson

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 69A

STATE FILE NUMBER

FILED VS FEB 1 1960

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 47 YRS.		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 672 S. FLORENCE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 672 S. FLORENCE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last WALTER H. BRUNKHORST				4. DATE OF DEATH Month Day Year JAN. 16 1960									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/20/91		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED NEWSPAPER				10b. KIND OF BUSINESS OR INDUSTRY EDITOR		11. BIRTHPLACE (City and state or country) SEDALIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME HENRY BRUNKHORST				13b. MOTHER'S MAIDEN NAME KATHRYN GUERTZ				14. NAME OF HUSBAND OR WIFE ARTIMISSA BRUNKHORST (DECEASED)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # I				16. SOCIAL SECURITY NO. 491-03-8268		17. INFORMANT Address WALTER H BRUNKHORST JR. WICHITA, KAN.							
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>Coronary Occlusion & Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH			
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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. p.m.		Month, Day, Year											
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		COUNTY		STATE					
21. I attended the deceased from <u>13 Sept 1951</u> to <u>16 Jan 1960</u> and last saw ^{her} <u>live</u> on <u>2 Jan 1960</u> Death occurred at <u>Undetermined but about 4000 on 16 Jan 1960</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Dr. Peterson M.D.</i>						22b. ADDRESS <u>Springfield Mo</u>			22c. DATE SIGNED <u>29 Jan 1960</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/22/60		23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD				23d. LOCATION (City, town, or county) SPRINGFIELD, MO.					
24. FUNERAL DIRECTOR H. H. LOHMEYER, SPRINGFIELD, MO.				25. DATE RECD. BY LOCAL REG. <u>1-29-60</u>		26. REGISTRAR'S SIGNATURE <i>Effie B. Melton</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2 1980

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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 *H. L. McCom*

Licensed Embalmer No. 2727

P. O. Address *Springfield*

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.