

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005813

FILED VS. MAR 7 1960 / 28

Registration District No. 2000 Primary Registration District No. 2000 Registrar's No. 255

STATE FILE NUMBER

INDEXED

DOCUMENT

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		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 D.O.A. Burge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2216 N. Rogers		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle M. Last BRUNNER			4. DATE OF DEATH Month February Day 28, Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4 Feb. 1901	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Service		10b. KIND OF BUSINESS OR INDUSTRY Electrician		11. BIRTHPLACE (City and state or country) Oklahoma		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Brunner			13b. MOTHER'S MAIDEN NAME Katie Toombs		14. NAME OF HUSBAND OR WIFE Grace Brunner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 491-03-9621		17. INFORMANT Address Grace Brunner (Wife) 2216 N. Rogers Spgfd. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
DUE TO (c) Hypertensive Cardiovascular disease						1 yr	
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 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. 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 1-29-53 to 2/28/60 and last saw ^{him} alive on 2/27/60 Death occurred at 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In green or blue) Michael J. Celarke M.D.			22b. ADDRESS 1636 S. Glenstone Springfield, Missouri		22c. DATE SIGNED 3-2-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. NAME 3-2-60	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) Springfield, Missouri			
24. FUNERAL DIRECTOR Klingner Mortuary		ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 3-3-60	26. REGISTRAR'S SIGNATURE Effie S. Meeter		

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 15 1960
MAR 8 1960 0961

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 Glen D Williams

Licensed Embalmer No. 4651
P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.