URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

-60-037506

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1117

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 3 Da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3307 Mark Twain — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First STEPHAN Middle MICHAEL Last BRUNS
4. DATE OF DEATH Month October Day 24, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-21-60
9. AGE (last birthday) —
IF UNDER 1 YEAR Months — Days 3 IF UNDER 24 HR Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frederick Joseph Bruns
13b. MOTHER'S MAIDEN NAME Dorothy Anne Potts
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs F.J.Bruns Address 3307 Mark Twain City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congenital heart - Foramen
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ Hyaline membrane disease.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION St Joseph COUNTY Buch STATE Mo

21. I attended the deceased from birth, to 10-23-60 and last saw her/him alive on 10-23-60
Death occurred at 12:25a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H E Petersen MD
22b. ADDRESS St Joseph Mo
22c. DATE SIGNED 10-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-25-60
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Mo. (State)

24. FUNERAL DIRECTOR H.O. Sidenfaden & Son RR4. ADDRESS St Joseph, Mo
25. DATE RECD. BY LOCAL REG. Oct. 24, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF H.E. Petersen, MD

MEDICAL CERTIFICATION

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 Robert H Yapel

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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