

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000174

FILED VS. FEB. 6 1961

38

Primary Registration District No. 3006

Registrar's No.

64

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY COLE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA, MO.				Length of stay in 1b		c. CITY OR TOWN JEFFERSON CITY, MO.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BOONE COUNTY HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ST. MARYS BLVD.	
3. NAME OF DECEASED (Type or print) First LOUIS Middle BRUNNER Last				4. DATE OF DEATH Month JAN. Day 28, Year 1961			
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 1/18/81	
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 9 Days 10		IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Austria	
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elizabeth Antweiler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. -		17. INFORMANT Address Alvin Brunner J C 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) Uremia due to Chronic Pyelonephritis							INTERVAL BETWEEN ONSET AND DEATH 2 weeks
DUE TO (b) Govt							years
DUE TO (c) Generalized arteriosclerosis with Cerebral Vascular Accident							2 weeks
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"/> N. <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 Month, Day, Year a.m. 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 COUNTY STATE	
21. I attended the deceased from 16 Dec 60 to 28 Jan 61 and last saw him alive on 28 Jan 61 Death occurred at 2:22 p on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John F. Logue MD (Degree or title)				22b. ADDRESS 1502 E Broadway Columbia MO.		22c. DATE SIGNED 28 Jan 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/31/61		23c. NAME OF CEMETERY OR CREMATORY St. Peters		23d. LOCATION (City, town, or county) (State) Jefferson City, MO.	
24. FUNERAL DIRECTOR Sylvester Anille ADDRESS J.C. Mo.				25. DATE RECD. BY LOCAL REG. Jan 30 1961		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 20 1963
MAR 22 1963

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 Sylvester Dulle

Licensed Embalmer No. 4351

P. O. Address Jefferson City Mo.

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.