

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 7 1961

-61-000881

AMENDED

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP		Length of stay in 1b 3 weeks	c. CITY OR TOWN HERMANN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KRENEVALLEY NURSING HOME		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) 1102 S. GUTTENBORG
3. NAME OF DECEASED (Type or print) First Middle Last ELEANOR ELIZABETH BRUNNER		4. DATE OF DEATH Month Day Year JAN 27 1961	
5. SEX FEMALE	6. COLOR OR RACE CAU.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 2/22/1875
9. AGE (last birthday) 85		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER		10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD	
11. BIRTHPLACE (City and state or country) HERMANN MO		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME CHARLES EBERLIN		13b. MOTHER'S MAIDEN NAME LOUISE LANGENDOERFER	
14. NAME OF HUSBAND OR WIFE REINHOLD BRUNNER JR		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. NONE		17. INFORMANT Address LOUIS BRUNNER HERMANN 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) CEREBRAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 5 MINS.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS, GENERALIZED		DUE TO (c)	
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 ☐ N. ☐ 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 COUNTY STATE	
21. I attended the deceased from 1-27-61 to 1-27-61 and last saw her alive on 1-27-61 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George M. Workman M.D.		22b. ADDRESS HERMANN, MO	
22c. DATE SIGNED 1-27-61		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 1/30/61		23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY	
23d. LOCATION (City, town, or county) HERMANN MO		24. FUNERAL DIRECTOR Address HUGO H. BLUMER HERMANN MO	
25. DATE RECD. BY LOCAL REG. 1-28-61		26. REGISTRAR'S SIGNATURE Delma Uffelman	

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1967

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 _____

Licensed Embalmer No. 3160

P. O. Address Memphis Tenn

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.