

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

376-61-032116

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 376 STATE FILE NUMBER

FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>CHAFFEE</u>	
Length of stay in 1b <u>1 DAY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>311 ELLIOTT AVE.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>AMBROSE (NMN) BRUCKER</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 1, 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-13-1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days <u>6 18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>ORAN, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MICHAEL BRUCKER</u>		13b. MOTHER'S MAIDEN NAME <u>JOHANNA CAMP</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES ROSIE BRUCKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			17. INFORMANT Address <u>MRS. AMBROSE BRUCKER - CHAFFEE, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremic Pericarditis + Myocarditis 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Pyelonephritis

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 No 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 8-31-61 to 9-1-61 and last saw her alive on 9-1-61
Death occurred at 1:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Charles H. Kasten

22b. ADDRESS
Cape Girardeau, Mo.

22c. DATE SIGNED
9-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT. 4, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. AMBROSE CATHOLIC CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>CHAFFEE, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>BISHINGHOFF FUNERAL HOME - CHAFFEE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1961

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 Jack T. Summitt
Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.