ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-043292
STATE FILE NUMBER

AMENDED

Registration District No. 375 Primary Registration District No. 4476 Registrar's No. 40

FILED DEC 8 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Downing Mo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Schuyler
c. CITY OR TOWN Downing Mo
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Bessie Middle: May Last: Bruner

4. DATE OF DEATH Month: Nov Day: 30 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb 14 1895
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months 9 Days 26
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Cook
11. BIRTHPLACE (City and state or country): Scotland Co.
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Harry Ralph
13b. MOTHER'S MAIDEN NAME: Ella LaGrand
14. NAME OF HUSBAND OR WIFE: David Bruner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wesley Bruner Address: 400 Chestnut St Pekin Ill

INSTEAD OF

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Autopsy performed by Dr Charles A Knouse of Kirksville Osteopathic Hospital
DUE TO (c) Sat Dec 2 1961
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

MEDICAL CERTIFICATION

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 _____, to _____ and last saw her/him alive on _____
Death occurred at Nov 30 1961 between 5&6 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Florence Shepherd Local Reg. (Degree or title) Bruce Norman Coroner
22b. ADDRESS Lancaster Mo
22c. DATE SIGNED Dec 4 61

DOCUMENT

SHOULD READ

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 4 1961
23c. NAME OF CEMETERY OR CREMATORY: Downing
23d. LOCATION (City, town, or county) (State): Downing Mo

24. FUNERAL DIRECTOR: Normans
ADDRESS: Lancaster Mo
25. DATE RECD. BY LOCAL REG.: Dec. 4, 1961
26. REGISTRAR'S SIGNATURE: Florence Shepherd

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO.

BY AFFIDAVIT OF

Permit obtained Dec. 4, 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 Nova E. Fuller

Licensed Embalmer No. 4742

P. O. Address Lakewood, Ne

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