

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-005570

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 276

AMENDED

FILED MAR 12 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 3yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital		d. STREET ADDRESS (If outside, give location) 118 W Hyde Park,	
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 William Middle S Last Brunner			4. DATE OF DEATH Month Feb. Day 28, Year 1962		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 7, 1875	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Paper Co.	11. BIRTHPLACE (City and state or country) Sioux City, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME David Brunner,	13b. MOTHER'S MAIDEN NAME Jane Patterson	14. NAME OF HUSBAND OR WIFE Eva Brunner
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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.	17. INFORMANT Eva Brunner, St. Joseph, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. 1 yr.
IMMEDIATE CAUSE (a)	Acute myocardial infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic hypertrophy	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 3:50 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 St. Joseph, Mo.	COUNTY Buchanan	STATE Mo.
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21. I attended the deceased from 2/26/62 to 2/28/62 and last saw ^{her} him alive on 2/26/62 Death occurred at 3:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE H. L. Wares	(Degree or title) M. D.	22b. ADDRESS St. Joseph, Mo.	22c. DATE SIGNED 3/5/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/3/62	23c. NAME OF CEMETERY OR CREMATORY Odd fellows Public Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Mo
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24. FUNERAL DIRECTOR John D. Dupp	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Mar 7 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 H. L. WARES, M.D. MEDICAL CERTIFICATION

