

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007094

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 26

FILED MAR 5 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Lincoln</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lincoln</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Hospital</u>		Length of stay in lb <u>12 days</u>		c. CITY OR TOWN <u>Silex</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>RFD</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
<u>Vincent Clement Brune</u>			<u>Feb. 23</u>			<u>1962</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>1-3-88</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Pike County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Peter Brune</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Mary Sommers</u>			14. NAME OF HUSBAND OR WIFE <u>Sarah Brune</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>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Clem Brune Silex, Missouri</u>		Address
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>						<u>10 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u>						<u>20+ yrs</u>	
DUE TO (c) <u>hypercholesterolemia</u>						<u>20+ yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Exogenous obesity</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <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		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 <u>2/12/62</u> to <u>Febr. 23</u> and last saw <u>him</u> alive on <u>Febr. 23</u> , Death occurred at <u>1:30 P. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John H. Smathers, M. D.</u>				22b. ADDRESS <u>15 Troy Manor Troy, Mo.</u>		22c. DATE SIGNED <u>2/26/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-26-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Millwood Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Millwood, Missouri</u>		
24. FUNERAL DIRECTOR <u>J.O. Midd</u>			ADDRESS <u>Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-26-1962</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 13 1962

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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Beaulieu Forest, Va

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.