

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011892

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 12

STATE FILE NUMBER

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)

Boone Twp.

Length of stay in 1b

60Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Maries

Inside Limits

Yes ☐ No ☐

c. CITY

OR

TOWN

Dixon, Mo.

d. STREET

ADDRESS

(If outside, give location)

Tavern Rt.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Frank

Middle

Xavier

Last

Brune

4. DATE

OF

DEATH

Month

Day

Year

March 22, 1962.

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/8/1880

9. AGE (last birthday)

81

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)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Osage County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Peter Brune

13b. MOTHER'S MAIDEN NAME

Elizabeth Richter

14. NAME OF HUSBAND OR WIFE

Dorothy Brune

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) No.

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Address

Dorothy Brune, Dixon, 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)

Myocardial infarction.

INTERVAL BETWEEN ONSET AND DEATH

6 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

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 ☐ Unknown19. 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 March 21, 1962 to

and last saw him alive on March 21, 1962

Death occurred at

1:45P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Dixon, Missouri

22c. DATE SIGNED

3-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/24/62

23c. NAME OF CEMETERY OR CREMATORY

Guardian Angel

23d. LOCATION (City, town, or county)

Brinktown

(State)

No.

24. FUNERAL DIRECTOR

ADDRESS

W. C. Birmingham

Vienna, Mo.

25. DATE RECD. BY LOCAL REG.

3-24-62

26. REGISTRAR'S SIGNATURE

Thoyll H. Hutchins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 06-30

2 06-30-

3

4 0

5 1

6

7 0

8 0

9 4201

10

11

12 70-2

13 1-0

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

W. B. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Oreanna 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.