

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-039636  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No.

Registrar's No. 263

FILED NOV 15 1965

1. PLACE OF DEATH

a. COUNTY

Henry

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

Length of stay in 1b  
60 36 hrs.

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

Inside Limits  
Yes ☒ No ☐

c. CITY OR TOWN Greenridge, Mo.

d. STREET ADDRESS Rural (If outside, give location)

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
DANIEL EUGENE BRUNS

4. DATE OF DEATH

Month Day Year  
Nov. 7, 1965

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/5/65

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
1 12 05

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Windsor, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

John K. Bruns

13b. MOTHER'S MAIDEN NAME

Margaret Drake

14. NAME OF HUSBAND OR WIFE

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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.

none

17. INFORMANT

John K. Bruns, Rt. #1, Greenridge, 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)

Circulatory Collapse

INTERVAL BETWEEN ONSET AND DEATH  
instant

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

DUE TO (b)

Respiratory infection

48 hrs.

DUE TO (c)

Resuscitation efforts

60 hrs

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 ☐ 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 Month, Day, Year  
a.m. p.m.

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 11-5-65 to 11-7-65 and last saw her him alive on 11-7-65  
Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D. 103 W. Colt Windsor, Mo.

22b. ADDRESS

22c. DATE SIGNED

11/8/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

11/9/65

23c. NAME OF CEMETERY OR CREMATORY

Greenridge, Mo.

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

Greenridge, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Huston Funeral Home, Windsor, Mo.

25. DATE RECD. BY LOCAL REG.

Nov 13, 1965

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(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.

DATE AMENDED

1 0421

2 0800

3

4 0

5 0

6

7 0

8 0

9 763.0

10

11

12 3-0

13 1-2

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Elmer H. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.