

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21392**

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **137**

0420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Henry</i> b. CITY OR TOWN <i>Thindsar</i> c. LENGTH OF STAY (if this place) <i>12 hours</i> d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Thindsar Hospital</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i> c. CITY OR TOWN <i>Thindsar</i> d. STREET ADDRESS (If rural, give location) <i>320 N. Main</i>		
3. NAME OF DECEASED a. (First) <i>NAOMI</i> b. (Middle) <i>RUTH</i> c. (Last) <i>BRUTY</i> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <i>July 4, 1953</i>		D 420 0	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct. 12, 1924</i>	9. AGE (In years, last birthday) <i>28</i> IF BORN IN YEAR _____ MONTHS _____ DAYS _____ HOURS _____ MIN.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Brownington, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Leroy Malone</i>		13b. MOTHER'S MAIDEN NAME <i>Ethel Stickrod</i>		14. NAME OF HUSBAND OR WIFE <i>Henry F. Bruty</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO. <i>495 20 1782</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Henry F Bruty, Thindsar, Mo.</i>	
MEDICAL CERTIFICATION					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <i>18 hrs</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-3-1953</i>, to <i>7-4-1953</i>, that I last saw the deceased alive on <i>7-3-1953</i>, and that death occurred at <i>4:00 a.m.</i>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Ray B Gordon M.D.</i>			23b. ADDRESS <i>Thindsar Mo.</i>		
23c. DATE SIGNED <i>7-7-53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			
24b. DATE <i>7-6-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>		24d. LOCATION (City, town, or county) (State) <i>Thindsar, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>July 6-53</i>		REGISTRAR'S SIGNATURE <i>Florence Adair Huston</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jurney, Thindsar, Mo.</i>	

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

Student Embalmer

Signed

William M. Turner

Licensed Embalmer No. 4648

P. O. Address Hindsor, 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 this body is not embalmed, fact should be so stated above.