

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032123

FILED VS SEP 28 1959

Registration District No. 137 Primary Registration District No. Registrar's No. 237

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Benton</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor</i>		Length of stay in 1b <i>5 days</i>		c. CITY OR TOWN <i>Windsor</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Windsor Hospital</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>R.F.D. 2</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>ELLA MAE BRUNS</i>				4. DATE OF DEATH Month Day Year <i>Sept. 19, 1959</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct 28, 1892</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) <i>67</i>		IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <i>Osage County Mo.</i>				12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>August A. Jenkins</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Hawkins</i>			14. NAME OF HUSBAND OR WIFE <i>John H. Bruns.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT Address <i>John H. Bruns. Windsor Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Respiratory Collapse</i> <i>Acute Coronary Occlusion</i> <i>Coronary Artery Disease</i> DUE TO <i>Diabetes Mellitus</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i> <i>3 wks</i> <i>3-4 yrs</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>						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 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 Hour 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		COUNTY STATE	
21. I attended the deceased from <i>9-19-59</i> to <i>9-19-59</i> and last saw her <i>9-19-59</i> Death occurred at <i>9:45 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <i>Charles Thurber mo.</i>				22b. ADDRESS <i>Windsor Mo</i>		22c. DATE SIGNED <i>9-23-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Sept. 21, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Park Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Windsor Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Ellis M. Huston Windsor Mo</i>				25. DATE RECD. BY LOCAL REG. <i>9-24-59</i>		26. REGISTRAR'S SIGNATURE <i>Waldred Bigum</i>	

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 Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor M

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.