

FILED MAR 1 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 4092

0140  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5164</u>		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway Co</u>					
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural Fulton</u> )		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		0140			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi N.W. Fulton</u>				d. STREET ADDRESS (If rural, give location) <u>N.W. 8th</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elevyn</u>		b. (Middle) _____		c. (Last) <u>Bruner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13-1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 16-1911</u>			
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR (Month) (Day) (Hours) (Min.) <u>8 21</u>		10a. USUAL OCCUPATION (If kind of work done during most of working life (even if retired) <u>Housewife</u> )		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Carl Galbreath</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Pasley</u>			
14. NAME OF HUSBAND OR WIFE <u>Isaac</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Isaac Bruner</u> ADDRESS <u>Fulton, Mo.</u>			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				<u>Myocardial Infarction</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertension</u>					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>443X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan 30</u> , 1950, to <u>Feb 13</u> , 1950, that I last saw the deceased alive on <u>Feb 13</u> , 1950, and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. H. Dorman</u> (Degree or title) _____				23b. ADDRESS <u>Mo</u>		23c. DATE SIGNED <u>2-15-50</u>			
24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 16-50</u>		24a. NAME OF CEMETERY OR CREMATORY <u>New Highland Church</u>		24c. LOCATION (City, town, or county) (State) <u>Callaway Co Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 16-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edi Bell</u>		ADDRESS <u>Fulton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 9  
District File Number  
RECEIVED  
FEB 21 1950  
MAY 31 1950

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 Eli Bell .....

Licensed Embalmer No. 2130 .....

P. O. Address Fulton, 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.