

FILED JUN 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16166

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 479

0396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Niangua	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) General Delivery	

3. NAME OF DECEASED (Type or Print) a. (First) BERNARD	b. (Middle) TUTT	c. (Last) BRUTON	4. DATE OF DEATH (Month) (Day) (Year) May 29, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 9 Days 6	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist	10b. KIND OF BUSINESS OR INDUSTRY Pharmacy	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME H. D. Bruton	13b. MOTHER'S MAIDEN NAME Minerva Welch	14. NAME OF HUSBAND OR WIFE Julia Bruton
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia Bruton, Niangua, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2-3 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary		
	DUE TO (c) Thrombosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-25-51, 1951, to 5-29-51 1951, that I last saw the deceased alive on 5-29-51, 1951, and that death occurred at 9:30am., from the causes and on the date stated above.

23a. SIGNATURE James D. Marshall (Degree or title) M.D.	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 5/29/1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/31/1951	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 5-29-51	REGISTRAR'S SIGNATURE W. Handley	25. FUNERAL DIRECTOR'S SIGNATURE W. D. Ayre	ADDRESS Goodwin Fun'l Service, Spfgld, Mo
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JUN 6 1951

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Julian [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4562

P. O. Address [Signature]

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.