

5. No. 3007  
V. 10.48

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36729  
Registrar's No. 320

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

**1. PLACE OF DEATH**  
a. COUNTY Cole  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Miller  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon  
d. STREET ADDRESS (If rural, give location) 1161

**3. NAME OF DECEASED**  
a. (First) Dixie  
b. (Middle) Dale  
c. (Last) Bruffay  
4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1951

**5. SEX** Female / **6. COLOR OR RACE** White / **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed / **8. DATE OF BIRTH** Aug. 23, 1893 / **9. AGE** (In years last birthday) 58 / IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ / IF UNDER 10 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife / **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ / **11. BIRTHPLACE** (State or foreign country) Missouri / **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** James H. Wilson / **13b. MOTHER'S MAIDEN NAME** Millie A. Blanton / **14. NAME OF HUSBAND OR WIFE** Roy Bruffay

**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'S SIGNATURE OR NAME** Rosella Simpson / **ADDRESS** Eldon Mo.

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) fibrosarcoma, at popliteal space  
**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. 191X

**19a. DATE OF OPERATION** 9-15-50 / **19b. MAJOR FINDINGS OF OPERATION** Fibrosarcoma, at popliteal space / **20. AUTOPSY?** YES  NO

**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) (Min.) \_\_\_\_\_ / **21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  / **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** 9-5, 1950, to 12-6, 1951, that I last saw the deceased alive on 12-6, 1951, and that death occurred at 7:35A. m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) E. D. Sugarbaker M.D. / **23b. ADDRESS** 503 E. High Jefferson City / **23c. DATE SIGNED** 12-6-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial / **24b. DATE** Dec. 8, 1951 / **24c. NAME OF CEMETERY OR CREMATORY** Eldon / **24d. LOCATION** (City, town, or county) (State) Eldon, Missouri

**DATE REC'D BY LOCAL REG.** Dec. 7-1951 / **REGISTRAR'S SIGNATURE** R.P. Davis M.D. JR. / **25. FUNERAL DIRECTOR'S SIGNATURE** W. S. Phillips / **ADDRESS** Eldon

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

**RECEIVED**

1957

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

**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 \_\_\_\_\_

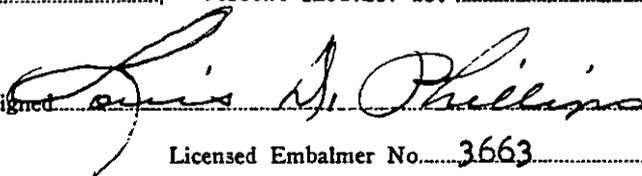
Louis D. Phillips

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3663

P. O. Address Eldon

**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.