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DEC 3 1951

STANDARD CERTIFICATE OF DEATH

36936 State File No. 2000 Registrar's No. 1016

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>GREENS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stratford - MO, RURAL</u>	
c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>R#1 1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSZARK OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Bruton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow.</u>	
8. DATE OF BIRTH <u>Aug. 14 - 1899</u>		9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>11</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Waxton Salem, N.C.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Issah. Bodenhamer</u>			

13b. MOTHER'S MAIDEN NAME <u>Phebe. Shields</u>		14. NAME OF HUSBAND OR WIFE <u>William L. Bruton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. J. Bruton</u>		ADDRESS <u>MARSHFIELD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Decompensated acute cor Pulmonaly</u>			
		DUE TO (c) <u>Lobar pneumonia</u>			
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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>490X</u>	
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 11/20, 1951, to 11/25, 1951, that I last saw the deceased alive on 11/25, 1951, and that death occurred at 2:00 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>11/25/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W.E.C.H.</u>	
24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO. MO</u>					

DATE REC'D BY LOCAL REG. <u>11-30-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO</u>	
		ADDRESS <u>Marshfield Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Julian Swadlow

Licensed Embalmer No. 4567

P. O. Address Springfield, 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.