

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42430

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>4389</u>		Registrar's No. <u>35</u>			
1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINN, MO.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINN, MO.</u>		6760			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>			b. (Middle)		c. (Last) <u>BRUNS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 20, 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JULY 31, 1896</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>56 4 19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CATHOLIC PRIEST</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>RICHMOND, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY BRUNS</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BUCKRATH</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>Edith Bruns</u>			ADDRESS <u>J. C. MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>						<u>Immediate</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>2 years</u>	
		DUE TO (c)							
		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"/>	
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>4200</u>			
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?					
22. I hereby certify that I attended the deceased from <u>Dec 20, 1951</u> , to <u>Dec 20, 1951</u> , that I last saw the deceased alive on <u>Dec 20, 1951</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. W. Hebl, M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>				23c. DATE SIGNED <u>12-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC. 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. GEORGE</u>		24d. LOCATION (City, town, or county) (State) <u>LINN, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 28-1951</u>		REGISTRAR'S SIGNATURE <u>E. S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>		ADDRESS <u>J. C. MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 31 1951

RECEIVED

APR 1 0 1952

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 Robert Dull

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.