No. 300
10.48

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1926

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 126

582
0

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield Mo 0582
d. STREET ADDRESS (If rural, give location): 705 No. Main

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Hawthorne c. (Last) Fruin.

4. DATE OF DEATH (Month) Jan (Day) 28 (Year) 1952

5. SEX F 1

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed W

8. DATE OF BIRTH Nov. 28 1872

9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 2 Days 0 | IF UNDER 24 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) St Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm Hawthorne

13b. MOTHER'S MAIDEN NAME Mary Potts

14. NAME OF HUSBAND OR WIFE John Fruin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 1 year.
DUE TO (c) Hypertensive Cardiovascular Disease — 20 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

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) m.

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* Jan 10th, 1952, *to* Jan 28, 1952, *that I last saw the deceased alive on* Jan 28, 1952, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. W. Bohnsack MDS 0

23b. ADDRESS 211 Linn Brookfield Mo.

23c. DATE SIGNED 1-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 30 1952

24c. NAME OF CEMETERY OR CREMATORY Meadville Cemetery

24d. LOCATION (City, town, or county) (State) Meadville Mo.

DATE REC'D BY LOCAL REG. 2-9-52.

REGISTRAR'S SIGNATURE Glynetta Burkholder

25. FUNERAL DIRECTOR'S SIGNATURE Homer J Bowden

ADDRESS Brookfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. McClelland

Licensed Embalmer No. 4230

P. O. Address Brownfield, Me

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.