

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3560**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (in this place) 12 hrs.		d. STREET ADDRESS (If rural, give location) 755 E. Thomas	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Sterling	b. (Middle) James	c. (Last) Bruner	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26th, 1952
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5th, 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Richard Bruner	13b. MOTHER'S MAIDEN NAME Anna Bartee	14. NAME OF HUSBAND OR WIFE Mrs. Flora Bruner
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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. 496-07-6641	17. INFORMANT'S SIGNATURE OR NAME Mrs. Flora Bruner, Marshall, Missouri	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		3 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Compensated for both bones left leg 12 hrs.		
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 Jan 25 1952	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshall Saline Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 25th, 1952 P.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by car
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22. I hereby certify that I attended the deceased from **Jan 25, 1952**, to **Jan. 26, 1952**, that I last saw the deceased alive on **Jan 25, 1952**, and that death occurred at **7 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Sterling James Bruner	(Degree or title)	23b. ADDRESS Marshall Mo.	23c. DATE SIGNED 1/27/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/29/52	24c. NAME OF CEMETERY OR CREMATORY Nelson, Mo Cemetery	24d. LOCATION (City, town, or county) (State) Nelson Saline County, Mo.
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DATE REC'D BY LOCAL REG. Jan 29 1952	REGISTRAR'S SIGNATURE Sidney T Gray	25. FUNERAL DIRECTOR'S SIGNATURE James Green	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

972
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NOV 26 1982

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

George H. Reed

Licensed Embalmer No. 4-2-20

P. O. Address Marshall, 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.