

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4587

No. 300
10.48
FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD, MO. 0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2715 W. MT. VERNON</u>		d. STREET ADDRESS (If rural, give location) <u>2715 W. MT. VERNON ST.</u>	

3. NAME OF DECEASED (Type or Print) <u>EDITH</u>	a. (First) <u>EDITH</u>	b. (Middle) <u>MINERVA</u>	c. (Last) <u>BRUTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 4, 1952</u>
--	-------------------------	----------------------------	-------------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 14, 1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WILLIAM HARGIS</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH A. LEGATE</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY BRUTON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KENNETH BRUTON</u> ADDRESS <u>BROOKSIDE, MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Feb 15, 1952 to Mar 4, 1952, that I last saw the deceased alive on Mar 4, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Bruton</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Springfield, MO</u>	23c. DATE SIGNED <u>3/7/52</u>
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WHITE OAK CEM. WEBSTER CO., MO.</u>	24d. LOCATION (City, town, or county) (State)
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-8-52</u>	REGISTRAR'S SIGNATURE <u>James R. Amos, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Terrell</u> ADDRESS <u>Boonville, MO</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

396
1

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.....

W. K. FERRELL

Student Embalmer No. *444*

working under my personal supervision.

Student *W. K. Ferrell*
Student Embalmer

Signed *H. K. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Harcland 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.