

No. 3007
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15951**

BIRTH NO. _____ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **6307** Registrar's No. **6**

1. PLACE OF DEATH
a. COUNTY **Cole**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Russellville Moran**
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Cole**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Russellville Moran**
d. STREET ADDRESS (If rural, give location) **Russellville R.R. 2**

3. NAME OF DECEASED
a. (First) **RENER** b. (Middle) **ELLEN** c. (Last) **BRUNING**

4. DATE OF DEATH **JUNE 3 - 52**
(Month) (Day) (Year)

5. SEX **Female**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **AUG 16 1878**

9. AGE (In years last birthday) **73**
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) **Honor Wife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Russellville Mo.**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Moses Campbell**

13b. MOTHER'S MAIDEN NAME **No Record**

14. NAME OF HUSBAND OR WIFE **Antone Bruning**

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Antone Bruning** ADDRESS **Russellville**

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) **Cerebral asoplexy**
ANTECEDENT CAUSES **Followed by deterioration of general health**
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.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH **9 years**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **352X**

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 **May 30 1952**, to **June 3 1952**, that I last saw the deceased alive on **May 30 1952**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **W. L. Leslie M.D.** (Degree or title)

23b. ADDRESS **Russellville Mo.**

23c. DATE SIGNED **June 5 - 52**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **6-6-52**

24c. NAME OF CEMETERY OR CREMATORY **St. Michaels Cem.**

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

DATE REC'D BY LOCAL REG. **June 6**

REGISTRAR'S SIGNATURE **Mrs. Minnie Hitt**

25. FUNERAL DIRECTOR'S SIGNATURE **W. L. Leslie** ADDRESS **Russellville Mo.**

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

260
1

JUN 10 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 *G. N. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Beaumont 6 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.