

FILED JUN 7 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17060

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5608 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Madison		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Madison 0511	
c. LENGTH OF STAY (In this place) 6 MO.		d. STREET ADDRESS (If rural, give location) Johnson County, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Johnson Co., Missouri			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) Anna	b. (Middle) Mary	c. (Last) Bruch	(Month) May	(Day) 30, (Year) 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 25, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress	10b. KIND OF BUSINESS OR INDUSTRY Seamstress	11. BIRTHPLACE (State or foreign country) Holden, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Theodore Bruch	13b. MOTHER'S MAIDEN NAME Rosie Feldman	14. NAME OF HUSBAND OR WIFE Benjamin Bain
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 499-07-6783	17. INFORMANT'S SIGNATURE OR NAME Dan Brooks	ADDRESS Holden, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH about 1 hr
	ANTECEDENT CAUSES 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 30, 1952, to May 30, 1952, that I last saw the deceased alive on May 30, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Rawlins M.D.	23b. ADDRESS Holden Mo	23c. DATE SIGNED 6/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Blackwater	24d. LOCATION (City, town, or county) (State) Holden, Mo.
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DATE REC'D BY LOCAL REG. 6-2-52	REGISTRAR'S SIGNATURE Mrs. James Redford	25. FUNERAL DIRECTOR'S SIGNATURE (Address) _____
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(Licensed Embalmer's Statement on Reverse Side)

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

510

RECEIVED
JUN 6 1952
ALBERT

JOHNSON COUNTY HEALTH DEPT.

JUN 13 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Samuel B. Papp

Signed.....
Student Embalmer

Licensed Embalmer No. *4044*

P. O. Address *Holmen Md*

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.