

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38609**

FILED NOV 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **130**

|                                                                                          |  |                                                                                                                                           |  |
|------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cooper</b>                                             |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Boonville</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Boonville,</b>                                                 |  |
| c. LENGTH OF STAY (In this place)<br><b>2 Weeks</b>                                      |  | d. STREET ADDRESS (If rural, give location)<br><b>R. F. D. #3</b>                                                                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Joseph Hospital.</b>                   |  |                                                                                                                                           |  |

|                                     |                                          |             |                            |                                                                  |
|-------------------------------------|------------------------------------------|-------------|----------------------------|------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><b>Anna Margaret Kaune</b> | b. (Middle) | c. (Last)<br><b>Bryan.</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>November 18 1953</b> |
|-------------------------------------|------------------------------------------|-------------|----------------------------|------------------------------------------------------------------|

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|-----------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------|
| 5. SEX<br><b>Female</b>                                                                                         | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>December 12 1922 30</b> | 9. AGE (In years last birthday) Months Days Hours Min.<br><b>30</b>                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>                     |                                                | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Cooper County, Missouri</b> |
|                                                                                                                 |                                  |                                                                          |                                                | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA.</b>                                          |

|                                             |                                                 |                                                     |
|---------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| 13a. FATHER'S NAME<br><b>Harve E. Kaune</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Annie Lowry</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Wm. E. Bryan.</b> |
|---------------------------------------------|-------------------------------------------------|-----------------------------------------------------|

|                                                                                                                       |                                               |                                                                          |         |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>498-14-1078</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Wm. E. Bryan, Boonville, Mo.</b> | ADDRESS |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------|---------|

|                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                                                                                                     |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                                                                  |                                                                                                                                     | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 days</b> |
|                                                                                                                                                                                                                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>COR PULMONALE</b>                                                                                                                            |                                                                                                                                     |                                                   |
|                                                                                                                                                                                                                               | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>CYSTIC DISEASE OF LUNGS AND BRONCHIECTASIS</b> <b>+ 4 years</b> |                                                                                                                                     |                                                   |
| DUE TO (c)                                                                                                                                                                                                                    |                                                                                                                                                                                                        | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                   |

|                        |                                  |                                                                                     |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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)<br><b>7590</b> |
|------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------|

|                                                 |                                                                                                        |                            |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 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 **11-6-53**, 19\_\_\_, to **11-18-53**, 19\_\_\_, that I last saw the deceased alive on **11-18-53**, 19\_\_\_, and that death occurred at **9:40 A.M.**, from the causes and on the date stated above.

|                                                               |                                                              |                  |
|---------------------------------------------------------------|--------------------------------------------------------------|------------------|
| 23a. SIGNATURE (Degree or title)<br><b>B. M. Stuart, M.D.</b> | 23b. ADDRESS<br><b>329 Main St., Boonville, Mo. 11-19-53</b> | 23c. DATE SIGNED |
|---------------------------------------------------------------|--------------------------------------------------------------|------------------|

|                                                            |                                  |                                                           |                                                                              |
|------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Nov. 21 1953</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Walnut Grove</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Boonville, Missouri.</b> |
|------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|

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|---------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG.<br><b>11/19/53</b> | REGISTRAR'S SIGNATURE<br><b>[Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Goodman &amp; Boller, Boonville, Mo.</b> | ADDRESS |
|---------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boswell, W.

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.