

# STANDARD CERTIFICATE OF DEATH

8406

State File No. ....

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BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5523 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HICKORY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-GREENE</u>	c. LENGTH OF STAY (In this place) <u>4 3/4</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-GREENE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0430</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVIN</u> b. (Middle) <u>TIPTON</u> c. (Last) <u>BRUNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-23-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Sept-14-1869</u>		9. AGE (In years last birthday) <u>85</u> if UNDER 1 YEAR: Months <u>5</u> Days <u>9</u> if UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>HICKORY CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>J. H. BRUNER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E YEAGER</u>		14. NAME OF HUSBAND OR WIFE <u>MARtha Ellen BRUNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha E. Bruner</u> ADDRESS <u>Urbana Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senescence of Neck &amp; face</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hr</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	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"/>	
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 <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 2/5 1954, to 3/23 1954, that I last saw the deceased alive on 2/18 1954, and that death occurred at 11:29 m. from the causes and on the date stated above.

23a. SIGNATURE <u>L. A. Hesse</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Urbana Mo</u>		23c. DATE SIGNED <u>3/26/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Com.</u>	24d. LOCATION (City, town, or county) (State) <u>Hickory Co MO</u>	

DATE REC'D BY LOCAL REG. <u>3-27-54</u>	REGISTRAR'S SIGNATURE <u>May Johnson</u> <u>464</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u> ADDRESS <u>Urbana, Mo</u>	
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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.

Signed Allen W. Vaughan

Signed.....  
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana 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.