

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26622**  
Registrar's No. **223**

No. 300  
10-48  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**FILED AUG 23 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY <b>Coale</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Coale</b>	
b. CITY OR TOWN <b>Jefferson City</b>	c. LENGTH OF STAY (If in this place) <b>1 mo.</b>	c. CITY OR TOWN <b>Jefferson City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Chas. Estel Peter Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>100 Seymour 02678</b>	
3. NAME OF DECEASED a. (First) <b>Andrew</b> b. (Middle) <b>FRANK</b> c. (Last) <b>BRUNER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug-17 54</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Dec 27 1911</b>
9. AGE (In years last birthday) <b>43</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carp</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. a</b>
13a. FATHER'S NAME <b>John Paul Bruner</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Lutz</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Herbert J. Kraus</b> ADDRESS <b>Jefferson City, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Gastric Hemorrhage</b> <b>3 hrs.</b> DUE TO (c) <b>Carbosis of Liver</b> <b>16 mo.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>None</b>	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)	<b>5810</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 <b>June, 1953</b> to <b>Aug. 17, 1954</b> , that I last saw the deceased alive on <b>Aug. 17, 1954</b> , and that death occurred at <b>9:55 AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>C. S. Macauley</b> (Degree or title)		23b. ADDRESS <b>5030 W. McCarty Jefferson City</b> (Spec. DATE SIGNED <b>8-17-54</b> )	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 19, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Aug 18 1954</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis MA-7R</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester D. Miller, Jr. Esq.</b> ADDRESS <b>J. C. Mo.</b>	

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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.....  
Signature of Student Embalmer

Signed.....  
*Sylvester Quill*

Licensed Embalmer No. 432

P. O. Address *Jefferson City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.