

FILED OCT 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30061
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEXINGTON	c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN RURAL	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		e. STREET ADDRESS (If rural, give location) 2 1/2 NW of CONCORDIA, MO	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) FERDINAND	c. (Last) BRUNS	4. DATE OF DEATH (Month) (Day) (Year) SEPT 15 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APRIL 7, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN FARMING	11. BIRTHPLACE (City and State or Foreign Country) LAFAYETTE COUNTY, MO	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME WILLIAM H. BRUNS	13b. MOTHER'S MAIDEN NAME SOPHIE RODEHOFF	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS FREDA BRUNS CONCORDIA, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage with thrombotic infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiac-vascular disease DUE TO (c) 443X		INTERVAL BETWEEN ONSET AND DEATH 15 days Several years
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)	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 May 29, 1948, to Sept. 15, 1955, that I last saw the deceased alive on Sept 14, 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. Brady, M.D. (Degree or title)	23b. ADDRESS Concordia, Mo	23c. DATE SIGNED 9/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/18/55	24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CEMETERY	24d. LOCATION (City, town, or county) (State) CONCORDIA MO
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DATE REC'D BY LOCAL REG. 9-18-55	REGISTRAR'S SIGNATURE M. E. ...	156	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. L. ... Concordia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2050

P. O. Address Concordia.....

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.