

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36256**

FILED NOV 30 1955

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Ozark, MO Hickley T.P.</u>		c. CITY OR TOWN <u>Hallister</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>Rural Route 10 1/2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ozark Rest Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Charles</u>		b. (Middle) <u>Walter</u>	c. (Last) <u>Bruner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 22, 1871</u>	9. AGE (In years last birthday) <u>83</u>
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>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>State of Ill</u>	
13a. FATHER'S NAME <u>Richard M. Bruner</u>		13b. MOTHER'S MARDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Bruner</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jess Bruner</u>		ADDRESS <u>Ozark, MO</u>
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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) <u>Circulatory failure (decompensated)</u>		MEDICAL CERTIFICATION <u>Cor Pulmonale</u> <u>Chronic pulmonary congestion</u> <u>mitral stenosis</u> <u>Gravest rheumatism</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Possibly years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic pulmonary congestion</u>			
	DUE TO (c) <u>Gravest rheumatism</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Semility</u>		410X		

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 11/10, 1955, to 11/13, 1955, that I last saw the deceased alive on 11/13, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Walter P. McCormick, D.O.</u>		23b. ADDRESS <u>Ozark, Mo.</u>		23c. DATE SIGNED <u>11/17/55</u>
24a. BURIAL, CREMATION, REMOVALS (Specify)	24b. DATE <u>11-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gobblers Knob</u>	24d. LOCATION (City, town, or county) (State) <u>Hallister, MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov 28 1955</u>	REGISTRAR'S SIGNATURE <u>Loretta Leonard</u>	FURNAL DIRECTOR'S SIGNATURE <u>Whelchel & Home</u>		ADDRESS <u>Drummond</u>

(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.....
Signature of Student Embalmer

Signed *Minnie L. Whelsh*.....

Licensed Embalmer No. *22*.....

P. O. Address *Ransom*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.