

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39447

State File No.

FILED NOV 22 1955

BIRTH NO. _____		REG. DIST. NO. <u>353</u>		PRIMARY REG. DIST. NO. <u>6196</u>		Registrar's No. <u>2</u>		
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>Frankakee</u>				
b. CITY OR TOWN <u>Quint Sherrill</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St Anne</u> \$120		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				e. STREET ADDRESS (If rural, give location) <u>About 5 mi. E. of St Anne Ill.</u>				
3. NAME OF DECEASED a. (First) <u>Barbara Ellen</u> b. (Middle) <u>BRUCKMAN</u> c. (Last) <u>BRUCKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13, 1955</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 18, 1903</u>		
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Morocco Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas W. Whitten</u>			13b. MOTHER'S MAIDEN NAME <u>Julean Ann Griffin</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Bruckman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. J. P. Bartholomew</u> ADDRESS <u>Sherrill</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac + pulmonary arrest</u> ANTECEDENT CAUSES DUE TO (b) <u>cachexia + debilitation</u> DUE TO (c) <u>diabetic gangrene due to diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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)		260x		
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 <u>Oct 1, 1955</u> to <u>Nov 13, 1955</u> that I last saw the deceased alive on <u>Nov 13, 1955</u> , and that death occurred at <u>1:10 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. J. Myers D.O.</u>			23b. ADDRESS <u>Licking, Mo</u>			23c. DATE SIGNED <u>11-16-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 14, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hutchinson Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 16, 1955</u>		REGISTRAR'S SIGNATURE <u>Elvora Hesse</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u>		ADDRESS <u>Licking, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1070
1

FORM 5-3 1938

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

Signature *Hubert E. Ferguson*

Licensed Embalmer No. *39*

P. O. Address *Licking*

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.