

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16190

STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 5545 Registrar's No. 110450

1. PLACE OF DEATH a. COUNTY <u>Howard 0450</u>		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Rural Chautauq</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Glasgow</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home of Glasgow 22 yrs.</u> Length of stay in 1b		d. STREET ADDRESS <u>2 mi - E of Glasgow</u> (If outside of location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ALVIN HENRY BRUCKS</u> First Middle Last		4. DATE OF DEATH <u>May 30, 1956</u> Month Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 26, 1894</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	9c. AGE (In years last birthday) <u>62</u> 10. UNDER 1 YEAR 11. UNDER 24 HRS.
10a. CITIZENSHIP <u>U. S. A.</u>		10b. BIRTHPLACE (City and state or country) <u>Cholt Missouri</u>	
13. FATHER'S NAME <u>Benjamin Brucks</u>		14. MOTHER'S MAIDEN NAME <u>Louisa Haskamp Brucks</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) <u>Yes W. W. # 1</u>		16. SOCIAL SECURITY NO. <u>Not available</u>	
17. INFORMANT <u>Jerome Brucks</u> Address <u>Glasgow, Mo.</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombosis, Coronary artery</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>
20c. TIME OF INJURY Hour: Month, Day, Year a. m. p. m.			
20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION	COUNTY STATE
20f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21. I attended the deceased from <u>5-30-56</u> to <u>5-30-56</u> and last saw her/him alive on <u>5-30-56</u> Death occurred at <u>9:55 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William C. Allen M.D.</u>		22b. ADDRESS <u>Glasgow, Mo.</u>	22c. DATE SIGNED <u>6-1-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 1, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	23d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>
24. FUNERAL DIRECTOR <u>Audaley, Truimouth</u> ADDRESS <u>Glasgow Mo</u>		25. REGISTRAR'S SIGNATURE <u>Walker Audaley</u> DATE RECD. BY LOCAL REG. <u>June 1, 1956</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 7 1956

AUG 3 1956

FEB 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed *Ed Weinmouth*

Licensed Embalmer No. 3

P. O. Address *Glasgow*

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.