

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27898

STATE FILE NUMBER

53472-56 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 109

300  
1-56

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
-b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fort Leonard Wood</b>		c. CITY OR TOWN <b>Fort Leonard Wood</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>08 0</b>	
Length of stay in 1b <b>21 hours</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>JOHN MICHAEL DE BRUN</b>			4. DATE OF DEATH <b>AUGUST 15, 1956</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>14 August 1956</b>		
9. AGE (In years last birthday)			IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>N/A</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Fort Leonard Wood, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Daniel Thomas De Brun</b>		
14. MOTHER'S MAIDEN NAME <b>Naomi A. Vanus</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>N/A</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Daniel T. De Brun</b> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Premature separation of the placenta</b>		
DUE TO (c) <b>Prematurity</b>		
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 checked="" type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour <b>7:15</b> a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **11:30 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>James B. White</b> (Degree or title) <b>James B. White, Capt., MC</b>	22b. ADDRESS <b>US Army Hospital</b> <b>Pt. Leonard Wood, Missouri</b>	22c. DATE SIGNED <b>15 Aug 56</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Removal</b>	<b>8-16-56</b>	<b>Pana Cemetery</b>	<b>Pana Illinois</b>
24. GENERAL DIRECTOR OR EMBALMER'S SIGNATURE <b>Billie Hedges</b>		25. DATE RECD. BY LOCAL REG. <b>8-15-56</b>	
HELD BY FUNERAL HOME'S INC CROCKER		26. REGISTRAR'S SIGNATURE <b>Paula Grace Anderson</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED 8-18-56  
Pulaski County Health Officer  
File Number 109  
Date Filed 8-15-56

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... *Clarence Moss*

Licensed Embalmer No. *489*

P. O. Address *Albanyville*

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.