

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

16210

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 509

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Wathena	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location)	
Length of stay in hospital 6 hrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARVIN DEAN BRUNS			4. DATE OF DEATH Month Day Year APRIL 29, 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 27, 1937
9. AGE (In years last birthday) 19		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10b. KIND OF BUSINESS OR INDUSTRY Service Station	11. BIRTHPLACE (City and state or country) Wathena, Kansas
13. FATHER'S NAME George Bruns		14. MOTHER'S MAIDEN NAME Lillian Michaels	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Naval reserve		16. SOCIAL SECURITY NO. 509-36-7567	17. INFORMANT Address George Bruns, Wathena, Kansas
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral lacerations & hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			8154
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 26			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) motorcycle-car collision Highway #36		
20c. TIME OF INJURY Hour Month, Day, Year 11:30 p. m. Apr 28, 1957			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) State highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Doniphan Kansas	
21. I attended the deceased from Apr 28, 1957 to Apr 29, 1957 and last saw him alive on Apr 29, 1957 Death occurred at 6:05 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John T. Harman, M.D.		22b. ADDRESS 420 No 8th St., City	22c. DATE SIGNED 5/2/57
23. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr 30, 1957	23c. NAME OF CEMETERY OR CREMATORY Belleme Cemetery	23d. LOCATION (City, town, or county) (State) Wathena, Kansas
24. FUNERAL DIRECTOR ADDRESS Charles Harman, Wathena, Kansas		25. DATE RECD. BY LOCAL REG. May 13, 1957	26. REGISTRAR'S SIGNATURE Esther M. Allison

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 *Charles M. Farmer*

Licensed Embalmer No. *4487*

P. O. Address *Wichita, Kan.*

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.