

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23508

State File No. ....

FILED JUL 22 1957

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>5099</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Worland W/nn 7-10</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Worland</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0700</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Brunk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1957</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 9 1880</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>auto parking attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas County Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Brunk</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Brunk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495 07 4672A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Brunk</u> ADDRESS <u>Hume Missouri</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacterial Endocarditis</u> DUE TO (c) <u>Acute Dehydration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal-Hepatic-Cardiac Syndrome</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>2 yrs</u> <u>10-20 yrs</u> <u>3 mo</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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 <u>July 8</u> 19 <u>57</u> , to <u>July 13</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>57</u> , and that death occurred at <u>11 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. V. Schubert, D.O.</u> (Degree or title)				23b. ADDRESS <u>Amoret, Missouri</u>		23c. DATE SIGNED <u>7-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 17 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Foster Bates Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 17-1957</u>		REGISTRAR'S SIGNATURE <u>Randall Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORNEDEN FUNERAL HOME</u>		ADDRESS <u>PLEASANTON KANSAS</u>	

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, ~~XXX~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Earl J. Funder*.....

Licensed Embalmer No.....358

P. O. Address Pleasanton.....

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.