Health, Welfare Public Service

0710

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015067
STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stover — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ---- — Length of stay in Ib: 18 Mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Benton
c. CITY OR TOWN: Cole Camp 0080 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS: ---- (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Anna Middle: Ella Last: Brunjes
4. DATE OF DEATH: Month: April Day: 24th Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: October 26, 1875
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Boeschonville Mo
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John Bohling
14. MOTHER'S MAIDEN NAME: Katherine Alberte
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT: Otto Bohling — Address: Cole Camp Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Medullary Paralysis 331XH
DUE TO (c): Cerebral Vascular Accident — 3 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Carcinomatosis, Cerebral Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/16/57 to 4/12/58 and last saw her/him alive on 4/12/58
Death occurred at 8:A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. A. Koffa (Degree or title) D.O
22b. ADDRESS: Stover, Mo
22c. DATE SIGNED: 4/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 27, 1958
23c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): Cole Camp Mo

24. FUNERAL DIRECTOR: E L Eickhoff — ADDRESS: Cole Camp Mo
25. DATE RECD. BY LOCAL REG.: Apr 26 1958
26. REGISTRAR'S SIGNATURE: M. L. Rippeger

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles F. Lo

Licensed Embalmer No. 461

P. O. Address Cole Camp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.