

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036890
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 96

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1-57

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|---|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN NEAR PEVELY MO | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FOUR OAKS HOME | | | | Length of stay in 1b 52 DAYS | | d. STREET ADDRESS (If outside, give location) RURAL ROUTE PEVELY MO | |
| 3. NAME OF DECEASED (Type or print) First Middle Last CORNELIUS H. BRUHN | | | | | | 4. DATE OF DEATH Month Day Year OCT 22 1958 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH JULY 9 1872 | |
| 9. AGE (In years last birthday) 86 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | 11. BIRTHPLACE (City and state or country) KIMMSWICK MO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME PETER BRUHN | | | | 13b. MOTHER'S MAIDEN NAME BERTHA TEICHEMEYER | | 14. NAME OF HUSBAND OR WIFE CATHERINE BRUHN | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE | | | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT ARTHUR BRUHN PEVELY MO | |
| 18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chr. Myocarditis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) <i>Arterio Sclerosis</i> 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.) 4221 | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Imperial, Jefferson Mo</i> | | 20f. CITY, TOWN, OR LOCATION <i>Imperial, Jefferson Mo</i> | | 20g. COUNTY STATE | |
| 21. I attended the deceased from <i>10/1/58</i> to <i>10/22/58</i> and last saw her alive on <i>10/21/58</i> Death occurred at <i>10 30</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>Robert E. Bauer</i> (Degree or title) <i>MD</i> | | | | 22b. ADDRESS <i>Imperial, MO</i> | | 22c. DATE SIGNED <i>10/26/58</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE OCT. 25 1958 | | 23c. NAME OF CEMETERY OR CREMATORY ZION LUTHERAN CEMETERY | | 23d. LOCATION (City, town, or county) (State) PEVELY MO | |
| 24. FUNERAL DIRECTOR HEILIGTAG IMPERIAL MO | | | | 25. DATE RECD. BY LOCAL REG. 10-26-58 | | 26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 18 1956

NOV 12 1958

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 *Elmer Haligta*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

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.