

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005454
STATE FILE NUMBER
605

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | |
| b. CITY OR TOWN Kansas City | | c. CITY OR TOWN NEVADA 1092 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Childrens Mercy 26 days | | d. STREET ADDRESS (If outside give location) 402 S. PINE | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last Christine Sue Bruns | | | 4. DATE OF DEATH Month Day Year 2-2-59 | | |
|---|--|--|--|--|--|

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|------------------|---------------------------|---|-----------------------------|-----------------------------------|---|--------------------------------|
| 5. SEX FEMALE | 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 9-26-49 | 9. AGE (In years last birthday) 9 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
|------------------|---------------------------|---|-----------------------------|-----------------------------------|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Fort Scott, Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Howard A. Bruns | 13b. MOTHER'S MAIDEN NAME Janita June Wilkins | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Howard A. Bruns | Address 402 S. Pine Nevada |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia DUE TO (b) Burns DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH Burned Nov. 28 1958 |
| 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"/> |

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| 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.) clothing caught fire |
| 20c. TIME OF INJURY Hour a.m. p.m. 11-28-58 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |

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|--|--|-----------------|
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION Nevada, Vernon, Missouri | COUNTY STATE |
|--|--|-----------------|

21. I attended the deceased from 1-6-59 to 2-2-59 and last saw her alive on 2-2-59
 ✓ Death occurred at 6:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

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|------------------------------------|-------------------|---------------------------------|----------------------------|
| 22a. SIGNATURE R.D. Parmen M.D. | (Degree or title) | 22b. ADDRESS 1710 Indep. Mo. | 22c. DATE SIGNED 2/2/59 |
|------------------------------------|-------------------|---------------------------------|----------------------------|

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|---|---------------------|------------------------------------|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 2/2/59 | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) Nevada Mo |
|---|---------------------|------------------------------------|--|

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| 24. FUNERAL DIRECTOR Stewart McBlair | ADDRESS K.C. Mo. | 25. DATE RECD. BY LOCAL REG. 2-2-59 | 26. REGISTRAR'S SIGNATURE Neva Marshall |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. D. PARMEN

All diseases in Part I must be causally related.

300
-57

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 *F. B. Halton*

Licensed Embalmer No. *2744*

P. O. Address *K. C. Mo.*

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.