

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-000590

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 49

FILED JAN 23 1963

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Terry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CAPE GIRARDEAU</u>		Length of stay in 1b <u>2 WEEKS</u>	c. CITY OR TOWN <u>Frohna</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RT-1</u>
3. NAME OF DECEASED (Type or print) First <u>GOYA</u> Middle <u>E</u> Last <u>Bruh1</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>3</u> Year <u>1963</u>	

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-17-1873</u>	9. AGE (last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>Old Appleton - MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES C. COTNER</u>		13b. MOTHER'S MAIDEN NAME <u>SAVANH S. HOWARD</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY D. BRUH1</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>NONE</u>		17. INFORMANT <u>Fred Bruh1</u> Address <u>OAK Ridge, MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 Min.

DUE TO (b) PO. Ca Return 17 Month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		

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.)	20f. CITY, TOWN, OR LOCATION <u>12-20-62</u> to <u>1/3/63</u> and last saw <u>live on</u> <u>1/3/63</u>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw <u>live on</u> _____ Death occurred at <u>4:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Frank Hall, M.D.</u> 22b. ADDRESS <u>1912 Broadway Cape Girardeau, Mo.</u> 22c. DATE SIGNED <u>1/7/63</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-5-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GOSHEN CEMETERY</u>	23d. LOCATION (City, town, or county) <u>OAK RIDGE MO</u>
24. FUNERAL DIRECTOR <u>McCombs</u>	ADDRESS <u>JACKSON, MO</u>	25. DATE RECD. BY LOCAL REG. <u>1-22-1963</u>	26. REGISTRAR'S SIGNATURE <u>Irvin Kasten</u>

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
0168
26790
3
4 1
5 2
6
7 0
B 1
9154X
10
11
123-0
131-0

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

FEB 14 1963

(1-4-63
To Doctor)

JAN 24 1963

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

Bruce Jackson

Licensed Embalmer No. 5097

P. O. Address Jackson, 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.