

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29747  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Salisbury</u> c. LENGTH OF STAY (In this place) <u>Approx Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salisbury Twship</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile East of Salisbury</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles East of Salisbury</u>	
3. NAME OF DECEASED a. (First) <u>Kate</u> b. (Middle) <u>—</u> c. (Last) <u>Brummal</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 26-1860</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home (Farm)</u>	11. BIRTHPLACE (State or foreign country) <u>Chariton Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Lee</u>	
13b. MOTHER'S MAIDEN NAME <u>Frances Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Bascom Brummal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Brummal</u>		ADDRESS <u>Salisbury Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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) (Min.)		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>Sept 19, 1950</u> , to <u>Sept 19, 1950</u> , that I last saw the deceased alive on <u>9-19, 1950</u> , and that death occurred at <u>1-2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. ...</u>		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>9-20/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 21, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/20/50</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Winkelmeier</u>		ADDRESS <u>Salisbury Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: **SEP 25 1950**  
DISTRICT HEALTH OFFICE #2  
District File Number *8-50-158*  
Date Filed: **SEP 27 1950**

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Chas B Winkley*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury Md*

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 this body is not embalmed, fact should be so stated above.