

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30140**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5474** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton Route 4		c. CITY (If outside corporate limits, write RURAL and give township) Route 4 Trenton	
c. LENGTH OF STAY (In this place) 36 years		d. STREET ADDRESS (If rural, give location) 0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trenton Route 4 (Jefferson)			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) E.	c. (Last) Brummitt	4. DATE OF DEATH (Month) (Day) (Year) May 24 1950
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5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 29 1888	9. AGE (In years last birthday) Months Days Hours Min. 61 4 25
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Livingston County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas Brummitt	13b. MOTHER'S MAIDEN NAME Elizabeth Curtiss	14. NAME OF HUSBAND OR WIFE Ethel Metsker Brummitt
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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) no	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Ethel M. Brummitt	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
18. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		no 2X	

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)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

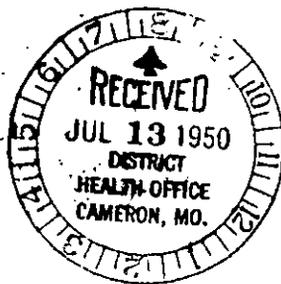
22. I hereby certify that I attended the deceased from **Jan 17, 1947** to **May 24, 1950**, that I last saw the deceased alive on **May 23, 1950**, and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Everett Duffly M.D.	(Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED May 26, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/27/50	24c. NAME OF CEMETERY OR CREMATORY Brummitt Cemetery	24d. LOCATION (City, town, or county) (State) Livingston Co Mo.
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DATE REC'D BY LOCAL REG. May 26, 1950	REGISTRAR'S SIGNATURE Gene Fair	25. FUNERAL DIRECTOR'S SIGNATURE Davis-Blackmore	ADDRESS Trenton, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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
Student Embalmer.

Signed _____

J. Gordon Blackmore

Licensed Embalmer No. 4602

P. O. Address Jrenton, 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 this body is not embalmed, fact should be so stated above.