

FILED MAY 14 1951

 DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 Dr. Harry Marbaugh  
 State File No. 12953

495  
4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Casper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> <u>0061</u>	
c. LENGTH OF STAY (in this place) <u>7 mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>The Haven Rest Home</u>			
3. NAME OF DECEASED (Type or Print), a. (First) <u>Laura</u> b. (Middle) <u>H</u> c. (Last) <u>Brummelt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-51</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>Aug 11 1867</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Genevieve mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Jessie Haddock</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Snyder</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or type of service) <u>X</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. J. Haddock</u>		ADDRESS <u>Baxter Spgs. Kas.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Endocarditis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs +</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		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) _____	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>3-30</u> , 19 <u>51</u> , to <u>4-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-25</u> , 19 <u>51</u> , and that death occurred at <u>6:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Haddock, D.O.</u> (Degree or title)		23b. ADDRESS <u>1702 Joplin St. Joplin Mo.</u>	23c. DATE SIGNED <u>4-26-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carterville mo</u>
DATE REC'D BY LOCAL REG. <u>4-26-51</u>	BELEAGUER'S SIGNATURE <u>James Wene</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Baxter Spgs. Kansas</u>

RECEIVED 5-10-51

Jasper County Health Office 51/4797-367

County File Number \_\_\_\_\_

Date Filed 5-11-51

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 \_\_\_\_\_

Wene Funeral Home

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *James Wene*

Licensed Embalmer No. 2880 mo.

P. O. Address *Baxter Spgs Kan*

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.