

No. 200
10. 48

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13216

State File No. _____
Registrar's No. 257

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309

1. PLACE OF DEATH a. COUNTY Mc Donald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SouthWest City		c. LENGTH OF STAY (in this place) 40 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SouthWest City, Mo.		d. STREET ADDRESS (If rural, give location) 051X	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Maynard b. (Middle) Benjiman c. (Last) Brundage			4. DATE OF DEATH (Month) (Day) (Year) April 5 51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20 1910	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 3 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto Repair shop		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjiman Brundage		13b. MOTHER'S MAIDEN NAME Bell Frye		14. NAME OF HUSBAND OR WIFE Naomi Brundage	
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. 495-07-9728		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Naomi Brundage SouthWest City	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5da
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Streptococcus throat			1wd.
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 051X	
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 **Mar 26, 1951**, to **Apr 6, 1951**, that I last saw the deceased alive on **Apr 5, 1951**, and that death occurred at **7:40 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Sworn Medical Ed. V. Pinewell, Mo.		23b. ADDRESS Pinewell, Mo.		23c. DATE SIGNED 4/7/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/8/51		24c. NAME OF CEMETERY OR CREMATORY SouthWest City, Cem		24d. LOCATION (City, town, or county) (State) SouthWest City, Mo.	
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DATE REC'D BY LOCAL REG. 4-8-51		REGISTRAR'S SIGNATURE Maynard Brundage		25. FUNERAL DIRECTOR'S SIGNATURE Wm Morris Eugene Wheaton Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 5 1951

Dist. File 5-51-9109

Date Filed 5-9-51

1951 81 N774

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 Wm Morris Logue

Licensed Embalmer No. 3142

P. O. Address Wheaton, 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.