

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13395

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 3048 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bedford</u>	
c. LENGTH OF STAY (in this place) <u>4 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>908 Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Olin</u> c. (Last) <u>Brumfield</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-1951</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH/ <u>JAN 25-1903</u>		9. AGE (In years last birthday) <u>48</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packing Company</u>	
11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Brumfield</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Hunt</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Brumfield</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>499-14-4111</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Brumfield</u> ADDRESS <u>Bedford Ia</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u> <u>Hypertensive Heart Disease</u> <u>6 yrs</u>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Hypertensive Heart Disease</u> DUE TO (b) <u>6 yrs</u> 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 type="checkbox"/>		4201	
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>4-6</u> , 19 <u>46</u> , to <u>4-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>51</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. ...</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bedford, Ia</u>	
23c. DATE SIGNED <u>4/14/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Bedford Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Wetmore</u> ADDRESS <u>Bedford</u>	
DATE REC'D BY LOCAL REG. <u>4-21-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	

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

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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 \_\_\_\_\_

*Self* Student Embalmer No. \_\_\_\_\_  
working under my personal supervision

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

Signed *Frank L. Peterson*  
Licensed Embalmer No. *4517*

P. O. Address *Bedford, Iowa*

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.