

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22420**

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 24

02206
1

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

1. PLACE OF DEATH a. COUNTY Christian Co			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Christian Co		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Finley		c. LENGTH OF STAY (in this place) 10 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Finley		02206
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark, Mo			d. STREET ADDRESS (If rural, give location) Ozark 1/2 Mo		
3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) O c. (Last) Brumley			4. DATE OF DEATH (Month) (Day) (Year) June 16, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo	12. COUNTRY OF WHAT COUNTRY? U S A
13a. FATHER'S NAME James Brumley		13b. MOTHER'S MAIDEN NAME Lucida Whiteside		14. NAME OF HUSBAND OR WIFE Minnie Brumley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Brumley, Ozark, Mo		
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extreme Cerebric ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> annular carcinoma of the terminal ileum DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 2 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 152x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 5/1 , 19 49 , to 6/15 , 19 51 , that I last saw the deceased alive on 6/15 , 19 51 , and that death occurred at 10:24 a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Walter P. McCormick, D.O. Ozark, Mo			23b. ADDRESS		23c. DATE SIGNED 6/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	24d. LOCATION (City, town, or county) (State) Christian Co. Mo		
DATE REC'D BY LOCAL REG. July 10, 1951	REGISTRAR'S SIGNATURE Lutella Leonard 39		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo		

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

RECEIVED JUL 14 1936

Dist. File 227-1336

Date Filed 7-14-36

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.

Signed.....
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.