

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36584**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **394**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LIBERTY TWP.	
c. LENGTH OF STAY (in this place) 6 DAYS		d. STREET ADDRESS (If rural, give location) WATESVILLE (NEAR)	
d. FULL NAME OF HOSPITAL OR INSTITUTION So. EAST MISSOURI HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) FRANCES c. (Last) BRUMMER			4. DATE OF DEATH (Month) (Day) (Year) 11-24-1951		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-24-1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Days 1 IF UNDER 1 HR. Hour 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.F.		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) BOLLINGER Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ROBERT VANGENNIP		13b. MOTHER'S MAIDEN NAME ROSE SCHEVENEAU		14. NAME OF HUSBAND OR WIFE BERNARD F. BRUMMER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. F. BRUMMER, WATESVILLE, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis with infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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)
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 **Nov. 19, 1951**, to **Nov. 24, 1951**, that I last saw the deceased alive on **Nov. 24, 1951**, and that death occurred at **7:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert M. Estes M.D.		23b. ADDRESS Cape Gir. Mo. 714. 3d. way		23c. DATE SIGNED 12-3-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-27-51	24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEM.		24d. LOCATION (City, town, or county) (State) LEOPOLD Mo.	
DATE REC'D BY LOCAL REG. 12-3-51	REGISTRAR'S SIGNATURE W. W. Sumner	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME WATESVILLE Mo.			

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

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RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.