

FILED FEB 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5367

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>833</u>	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give town) INDEPENDENCE		c. LENGTH OF STAY (in this place) 16 YRS		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE		1485	
d. FULL NAME OF HOSPITAL OR INSTITUTION 718 N. OSAGE ST.				d. STREET ADDRESS (If rural, give location) 718 N. OSAGE ST			
3. NAME OF DECEASED (Type or Print) CHARLES IRVIN BRUMBAUGH			4. DATE OF DEATH FEB 16, 1952				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 13, 1875		9. AGE (In years last birthday) 76		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 RETIRED		11. BIRTHPLACE (State or foreign country) MILFORD, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM BRUMBAUGH		13b. MOTHER'S MAIDEN NAME NANCY CLARK		14. NAME OF HUSBAND OR WIFE MRS. CORA BRUMBAUGH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 490-99-1816		17. INFORMANT'S SIGNATURE OR NAME DONALD BRUMBAUGH		ADDRESS INDEPENDENCE	
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.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of heart embolism							
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 Post Permit Refused 7955					
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)		21d. (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. O. Sealby Sr. Dept. of Health				23b. ADDRESS 2050 Broadway St. Ind.		23c. DATE SIGNED 2-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/19/52		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MO.	
DATE REC'D BY LOCAL REG. 2-19-52		REGISTRAR'S SIGNATURE James A. Craig		25. FUNERAL DIRECTOR'S SIGNATURE OTT & MITCHELL		ADDRESS INDEP., MO.	

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

JAN 27 1954

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. M. Deis

Signed.....
Student Embalmer

Licensed Embalmer No. 3156

P. O. Address Independence, 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.