

MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8206

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 5550		Registrar's No. 38	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Howell		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moody		a. STATE Missouri		b. COUNTY Howell	
c. LENGTH OF STAY (in this place) 22 yrs -		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moody Mo - 0460		d. STREET ADDRESS (If rural, give location) 6			
d. FULL NAME OF HOSPITAL OR INSTITUTION Benton twps							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) James	b. (Middle) Isaac	c. (Last) Brumitt	Month	Day	Year		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 2, 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 4	IF UNDER 2 HRS. Days 2	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Toliver T. Brumitt		13b. MOTHER'S MAIDEN NAME Matildia Cagle		14. NAME OF HUSBAND OR WIFE Susan Alexander Brumitt			
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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Susan Brumitt				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Paralysis of the Left Side later going over the entire body	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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 3560					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 10-5, 1951, to 3-4, 1952 that I last saw the deceased alive on 3-1, 1952 and that death occurred at 2:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE C. E. Roe M.D.				23b. ADDRESS Viola Park		23c. DATE SIGNED 3-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-1952	24c. NAME OF CEMETERY OR CREMATORY Moody Cemetery		24d. LOCATION (City, town, or county) (State) Moody Mo -			
DATE REC'D BY LOCAL REG. 3-13-52	REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Haggins & Sons Funeral Service - Saline, Ark.			

(Licensed Embalmer's Statement on Reverse Side)

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

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. W. Best

Licensed Embalmer No. *659*

P. O. Address *Walnut Ridge, Ark*

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.