

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21502**Registrar's No. **2950**BIRTH **JUL 9 - 1953**REG. DIST. NO. **149**PRIMARY REG. DIST. NO. **1002**REGISTRAR'S NO. **2950**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS		b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 10 mo.		c. CITY OR TOWN PRAIRIE VILLAGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3537 MAIN LINDEMAN NURSING HOME		e. STREET ADDRESS (If rural, give location) 6743 Roe Blvd.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) DEFRANCE		c. (Last) BRUMBAUGH	
4. DATE OF DEATH (Month) (Day) (Year) JUNE 11 1953		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED		8. DATE OF BIRTH FEB. 3, 1876		9. AGE (In years last birthday) Months Days Hours Min. 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) LINNEWS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME J. H. HALLIBURTON		13b. MOTHER'S MAIDEN NAME FRANCES WILKERSON	
14. NAME OF HUSBAND OR WIFE DR. PHILIP G. BRUMBAUGH		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 FRANK H. BRUMBAUGH		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma of the Kidney		19. ADDRESS 6743 ROE BLVD. PRAIRIE VILLAGE, KS.	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Kidney		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 mo. 2 years 180h	
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 Aug 2, 1952 , to June 11, 1953 , that I last saw the deceased alive on June 11, 1953 , and that death occurred at 8:10 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Wm. B. Jackson		23b. ADDRESS 1107 Bryant Bldg		23c. DATE SIGNED 6/12/53	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 14 1953		24c. NAME OF CEMETERY OR CREMATORY OAKWOOD CEMETERY	
24d. LOCATION (City, town, or County) (State) MILAN MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Dal Newman Sons		25. ADDRESS 1331 BROOK CREEK BLVD. KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 6-12-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. ADDRESS 1331 BROOK CREEK BLVD. KANSAS CITY MISSOURI	

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Edward M. Stone*

Licensed Embalmer No. *445*

P. O. Address *K.C., 10th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.