

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36272**

BIRTH NO. **FILED NOV 4 - 1953** REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **212**

1. PLACE OF DEATH a. COUNTY JASPER b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION MCCUNE BROOK CARTHAGE, MO.		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE MO. b. COUNTY JASPER c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE d. STREET ADDRESS (If rural, give location) 0493	
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3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) OLIVER c. (Last) BRUMBACK BROOMBACK		4. DATE OF DEATH (Month) (Day) (Year) 10-24-53	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-14-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY retired	
11. BIRTHPLACE (City and State or Foreign Country) WEBSTER CO., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WOODS BRUMBACK	13b. MOTHER'S MAIDEN NAME JOSEPHINE BERGMAN	14. NAME OF HUSBAND OR WIFE EFFIE
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. unk.	17. INFORMANT'S SIGNATURE OR NAME RAY BRUMBACK CARTHAGE 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> 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.	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 X	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 Oct 27, 1951, to Oct 24, 1953, that I last saw the deceased alive on Oct 24, 1953, and that death occurred at 7:20 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Byrd M.D.	23b. ADDRESS Carthage Mo.	23c. DATE SIGNED 26 Oct 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-27-53	24c. NAME OF CEMETERY OR CREMATORY SEYMOUR Cemetery	24d. LOCATION (City, town, or county) (State) WEBSTER CO MO.
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DATE REC'D BY LOCAL REG. 10-26-53	REGISTRAR'S SIGNATURE Clyde B. Clinton M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Bergman Funeral Home, Seymour
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(Licensed Embalmers' Statements on Reverse Side)

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

RECEIVED NOV 3 1953
Asper County Health Office
County File Number 53-11-885
Date Filed NOV 3 1953

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 *Max J. Miller*

Licensed Embalmer No. *4720*

P. O. Address *Manoquel Th*

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.