

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21924**

BIRTH NO. _____		REG. DIST. NO. <b>374</b>		PRIMARY REG. DIST. NO. <b>6276</b>		Registrar's No. <b>216</b>		
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Isadora - Rural - <del>Worth</del></b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Isadora - Rural - Union Twp</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>1130</b>				
3. NAME OF DECEASED (Type or Print) <b>Sarah Anna Brumfield</b>			a. (First) <b>Sarah</b>			b. (Middle) <b>Anna</b>		
c. (Last) <b>Brumfield</b>			4. DATE OF DEATH <b>June 22, 1954</b>			a. (Month) <b>June</b>		
b. (Day) <b>22</b>			c. (Year) <b>1954</b>			5. SEX <b>Female</b>		
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, <b>Widowed</b>		8. DATE OF BIRTH <b>June 11, 1868</b>		9. AGE (In years last birthday) <b>86</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Worth County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>Joseph Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Fletchall</b>		14. NAME OF HUSBAND OR WIFE <b>Melvin Brumfield</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fern Ewart - Sheridan, Missouri</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anoxia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Angina Pectoris -</b> DUE TO (c) <b>Coronary Sclerosis</b>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>  <b>2 yrs</b>  <b>4 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1201</b>					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 <b>MARCH, 1952</b> , to <b>June 22, 1954</b> , that I last saw the deceased alive on <b>June 22, 1954</b> , and that death occurred at <b>10:00 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Richard J. Smith, M.D.</b>				23b. ADDRESS <b>Grant City, Mo</b>		23c. DATE SIGNED <b>6-25-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 24, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Isadora Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Isadora, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7-10-1954</b>		REGISTRAR'S SIGNATURE <b>John C. Dawson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bill A. Dunfee, Grant City, Mo</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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71  
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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 .....  
Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, 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.