

FILED APR 20 1955

STANDARD CERTIFICATE OF DEATH

State File No. 14492

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

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 21547 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Mo</u>		c. CITY OR TOWN <u>Blockton Iowa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grant City Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. LENGTH OF STAY (in this place) <u>6</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Wilbur</u> c. (Last) <u>Brumfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>Widowed</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>June 18-1858</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>96</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence County Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Buryl Brumfield</u>		13b. MOTHER'S MAIDEN NAME <u>Margarett Massey</u>	
14. NAME OF HUSBAND OR WIFE <u>(deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>(none)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. H. Brumfield</u> ADDRESS <u>Blockton, Iowa</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>NONE</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>CORONARY THROMBOSIS</u>		<u>NONE</u>	
DUE TO (c) <u>ARTERIOSCLEROSIS</u>		<u>YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>AURICULAR FIBRILLATION</u>		<u>3 WEEKS</u>	
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) <u>4-2-01</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>September 1953</u> , to <u>APRIL 1, 1955</u> , that I last saw the deceased alive on <u>April 1, 1955</u> , and that death occurred at <u>6:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard Smith D.D.</u>		23b. ADDRESS <u>Grant City, Mo</u>	23c. DATE SIGNED <u>4-2-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April-4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blockton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blockton Iowa</u>
DATE REC'D BY LOCAL REG. <u>4-13-1955</u>	REGISTRAR'S SIGNATURE <u>Leta E. Rowan</u> <u>345</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Andrews Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

1907
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 John Andrews Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 421

P. O. Address Grant City

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.