

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21120**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **735**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway 0742</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph 0</b>		c. CITY OR TOWN <b>Maryville</b>	
c. LENGTH OF STAY (in this place) <b>15 min.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>323 East Second</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <b>HERBERT</b>	b. (Middle) <b>MERRIELLE</b>		c. (Last) <b>BRUMMETT</b>	(Month) <b>7</b>	(Day) (Year) <b>16 55</b>				
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/14/35</b>		9. AGE (in years last birthday) <b>19</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Maryville, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Glenn Eldon Brummett</b>		13b. MOTHER'S MAIDEN NAME <b>Arvetta Shelton</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Brummett</b>	
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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>497-34-0955</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Robert L. Huffman, Maryville,</b>		ADDRESS <b>Mo.</b>	
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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) <b>Compound, comminuted fracture, Skull</b>		<b>7 hours</b>					
*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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Mound City Holt Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 16 1955 2:00 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident 044</b>	

22. I hereby certify that I attended the deceased from **July 16, 1955**, to **July 16, 1955**, that I last saw the deceased alive on **July 16, 1955**, and that death occurred at **6:49 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. H. Butler M.D. 0</b>		23b. ADDRESS <b>THOMPSON, BRUMM &amp; KNEPPER CLINIC 902 Edmund St., St. Joseph, Mo.</b>		23c. DATE SIGNED <b>7-19-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/18/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Miriam Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>July 21, 1955</b>		REGISTRAR'S SIGNATURE <b>Lothar M. Allison 4853</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home, Maryville, Mo.</b>		ADDRESS	
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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 *Clay M. Price*.....

Licensed Embalmer No. *182*.....

P. O. Address *Maryville*.....

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.