

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28905

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give town) Lamar	c. LENGTH OF STAY (in this place) 10 week.	c. CITY OR TOWN Lamar	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 Barton County Memorial Hosp.		e. STREET ADDRESS (If rural, give location) 1800 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) GROVER	b. (Middle) GENE	c. (Last) BRUMMETT	4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1878
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Milford, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Jordon Brummett	13b. MOTHER'S MAIDEN NAME Nancy Brummett	14. NAME OF HUSBAND OR WIFE Helen Brummett
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. G. G. Brummett	ADDRESS Lamar, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatitis		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 - 4 wks
	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. Cholangitis; Cholecystitis		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 9-29, 1955, to 10-5, 1955, that I last saw the deceased alive on 10-5, 1955, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE Thenceboanice	(Degree or title) M.D.	23b. ADDRESS 1204 Gulf St - LAMAR Mo.	23c. DATE SIGNED 10-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-8-1955	24c. NAME OF CEMETERY OR CREMATORY High Cemetery	24d. LOCATION (City, town, or county) (State) Barton County, Missouri
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DATE REC'D BY LOCAL REG. OCT 8 - 1955	REGISTRAR'S SIGNATURE Marie Konantz	4-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Funeral Home, Lamar, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2061

2/15/40

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 *Clarence H. Chiles*

Licensed Embalmer No. *341*

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