FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3698

State File No.

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): airfax
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairfax Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio 2030
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): J
c. (Last): BRUMME

4. DATE OF DEATH (Month) (Day) (Year): February 13, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: July 25, 1880
9. AGE (In years last birthday): 75 — If under 1 year: Months 6, Days 18 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): day labor
10b. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (State or foreign country): St. Louis County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 488-14-5313A
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Rock Port, Mo. Atchison Co Welfare Office

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephrosis — 2 yrs
DUE TO (c) Pyelonephritis — 2 yrs

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: 6000
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 23, 1956, *to* Feb 12, 1956, *that I last saw the deceased alive on* Feb 12, 1956, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward S. Bane (Degree or title): M.D.
23b. ADDRESS: Tarkio, Mo.
23c. DATE SIGNED: 2/14/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/15/56
24c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
24d. LOCATION (City, town, or county) (State): Tarkio, Mo.

DATE REC'D BY LOCAL REG.: Feb 24, 1956
REGISTRAR'S SIGNATURE: Marvin H. Scheele 443
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Davis Funeral Home Tarkio, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—PRINT IN CAPITALS

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 John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.