

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13905

State File No. ....

BIRTH NO. .... REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4283 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EWING</u>	c. LENGTH OF STAY (in this place) <u>XXXXXX</u>	c. CITY OR TOWN <u>EWING</u>	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 <u>XXXXXXXXXXXXXXXXXX</u>		e. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXXXX</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u> b. (Middle) <u>BRUMBACK</u> c. (Last) <u>BRUMBACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15, 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>7/27/1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CALLAO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>EMANUEL ROTHSCHILD</u>	13b. MOTHER'S MAIDEN NAME <u>PAULINE MORRIS</u>	14. NAME OF HUSBAND OR WIFE <u>SHERMAN BRUMBACK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MAXINE BRUMBACK</u>	ADDRESS <u>EWING, MISSOURI</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>  <u>8 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>" Thrombosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric hernia into Thorax.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Aug, 1952, to 15 Apr, 1956, that I last saw the deceased alive on 10 Apr, 1956, and that death occurred at DOR m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Wells</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Lewistown MO</u>	23c. DATE SIGNED <u>16 Apr 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/17/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EWING</u>	24d. LOCATION (City, town, or county) (State) <u>EWING, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4-17-56</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Arnold, Jr.</u>	ADDRESS <u>Lewistown, Mo.</u>
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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 *Charles L. Arnold*

Licensed Embalmer No...4667

P. O. Address LEWISTOWN, PA.

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.