

No. 300
10.48

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15286

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6191 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY TANEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY TANEY	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Rocky Beach		c. LENGTH OF STAY (in this place) 3 Wks	c. CITY OR TOWN Rueter
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LAKE VIEW Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Rural Rueter 1060	

3. NAME OF DECEASED a. (First) ERASMUS DON b. (Middle) BRUMFIELD c. (Last) BRUMFIELD			4. DATE OF DEATH (Month) (Day) (Year) MARCH 18, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 12, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR: Months 4 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) TANEY Co. Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME J.W. Brumfield		13b. MOTHER'S MAIDEN NAME ALICE LAWRENCE		14. NAME OF HUSBAND OR WIFE _____	
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 J.W. Brumfield ADDRESS Rueter Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterios Hypertension		
		DUE TO (c) Senility		
		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 334x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 **3-10**, 1956, to **3-17**, 1956, that I last saw the deceased alive on **3-17**, 1956, and that death occurred at **7:30 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mary King D.O.		23b. ADDRESS Forey, Mo.		23c. DATE SIGNED 3-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/20/1956		24c. NAME OF CEMETERY OR CREMATORY Katman Cemetery	
				24d. LOCATION (City, town, or county) (State) Budlongville Mo	

DATE REC'D BY LOCAL REG. 4-18-56		REGISTRAR'S SIGNATURE Helew Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Samuel Howard ADDRESS Forey, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

514-0

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.. *Walter S. Cook*

Licensed Embalmer No. *47*

P. O. Address *Amherst*

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.