

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7930**

| | | | | | | | |
|---|--|--|-----------------------------|---|---------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 57 | | PRIMARY REG. DIST. NO. 4081 | | Registrar's No. 9 | |
| 1. PLACE OF DEATH a. COUNTY CARROLL 0170 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CARROLL | | | |
| b. CITY OR TOWN BOSWORTH | | c. LENGTH OF STAY (in this place) 40yr | | c. CITY OR TOWN BOSWORTH MO | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | f. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES | | | b. (Middle) BRUMMITT | | c. (Last) BRUMMITT | | |
| 4. DATE OF DEATH (Month) (Day) (Year) MARCH 28-1957 | | 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | |
| 8. DATE OF BIRTH JAN 13 1872 | | 9. AGE (In years last birthday) 84 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARMER | | 11. BIRTHPLACE (City and State or Foreign Country) Chariton MO | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME WILLIAM BRUMMITT | | 13b. MOTHER'S MAIDEN NAME JANE TILGAN | | 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME WALLACE BRUMMITT ADDRESS Bosworth MO | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis with Myocardial Infarction DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) 4201 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 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 1-29 , 1957, to 3-29 , 1957, that I last saw the deceased alive on 3-27 , 1957, and that death occurred at 7:20 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Norman P. Hansen D.O. (Degree or title) | | | | 23b. ADDRESS Stale, MO. | | 23c. DATE SIGNED 3-30-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE APRIL 1-1957 | | 24c. NAME OF CEMETERY OR CREMATORY McGulloch | | 24d. LOCATION (City, town, or county) (State) TRIPLETT MO | |
| DATE REC'D BY LOCAL REG. Apr 1-1957 | | REGISTRAR'S SIGNATURE Pearl Koch | | 25. FUNERAL DIRECTOR'S SIGNATURE Loyd Edwards ADDRESS Bosworth MO | | | |

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 *David Edwards*

Licensed Embalmer No. *326*

P. O. Address *Boworth*

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.