

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015316

STATE FILE NUMBER

FILED MAY 2 1958

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 25

300
1-57

860

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Unionville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>10 Years</u>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) <u>Lee</u>		First <u>Lee</u>	Middle <u>Brundage</u>
4. DATE OF DEATH <u>April 10, 1958</u>		Month <u>April</u> Day <u>10</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 5, 1887</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Buildong Construction</u>	11. BIRTHPLACE (City and state or country) <u>Weir, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>George W. Brundage</u>	
13b. MOTHER'S MAIDEN NAME <u>Nola Bishop</u>		14. NAME OF HUSBAND OR WIFE <u>Katie Brundage</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War One</u>		16. SOCIAL SECURITY NO. <u>497-14-5087</u>	17. INFORMANT Address <u>Frank Brundage Unionville, Missouri R. F. D.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gastric hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Long standing gastric ulcer</u>		DUE TO (c) <u>5400</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>April 8-58</u> to <u>April 10-58</u> and last saw him alive on <u>April 10-58</u> Death occurred at <u>10:45 A.</u> m on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) <u>Chas L. Judd D.O.</u>	
22b. ADDRESS <u>Unionville, Missouri</u>		22c. DATE SIGNED <u>4/12/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/13/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Liberty Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Putnam County, Missouri</u>
24. FUNERAL DIRECTOR BY <u>John N. Comstock</u> Address <u>Unionville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-29-58</u>	26. REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1958

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 *John W. Comstock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.