

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002351

STATE FILE NUMBER

33

FILED JAN 26 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb 2 weeks	d. STREET ADDRESS (If outside, give location) 404 East 12th
3. NAME OF DECEASED (Type or print) First Middle Last FLORA B. BRUMMETT		4. DATE OF DEATH Month Day Year Jan. 18, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1866
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		9b. KIND OF BUSINESS OR INDUSTRY Own Home	9c. BIRTHPLACE (City and state or country) Pettis County, Missouri
10a. FATHER'S NAME Hugh L. Brummett		10b. MOTHER'S MAIDEN NAME Margaret Hacker	10c. NAME OF HUSBAND OR WIFE *****
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) XXXXXXXXXX		11. SOCIAL SECURITY NO. none	11. INFORMANT Address T.W. Williams, Green Ridge, Mo.
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERMINAL BRONCHO PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) FRACTURE RT. HIP. DUE TO (c) 4047			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (b) (c) SENILITY & MALNUTRITION			13. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
14. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		14. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down while at a Rest home	
15. TIME OF INJURY Hour Month, Day, Year a.m. p.m. Jan 3 59		15. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
16. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		16. CITY, TOWN, OR LOCATION COUNTY STATE Sedalia 18² Pettis MO	
17. I attended the deceased from Death occurred at 11:00 P.M. to death and last saw him alive on 18 JAN-59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
18. SIGNATURE Karl A. Governed (Degree or title)		18. ADDRESS Sedalia MO	18. DATE SIGNED 20 JAN 59
19. BURIAL, CREMATION, REMOVAL Burial	19. DATE 1/21/59	19. NAME OF CEMETERY OR CREMATORY Longwood Cemetery	19. LOCATION (City, town, or county) (State) Longwood, Missouri
20. FUNERAL DIRECTOR Dean Ewing		20. ADDRESS Sedalia, Mo.	20. DATE RECD. BY LOCAL REG. Jan 21 1959
20. REGISTRAR'S SIGNATURE Frances Shelby			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *F. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Seclain*

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.