

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008597

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 32

STATE FILE NUMBER

FILED MAR 23 1961

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 11 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's of the Ozarks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 4 miles east of Pilot Knob		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Frank Marion Brumitt			4. DATE OF DEATH Month Day Year March 15, 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/19/1900
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY livestock	11. BIRTHPLACE (City and state or country) Anna, Illinois
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Brumitt	
13b. MOTHER'S MAIDEN NAME Evaline Williams		14. NAME OF HUSBAND OR WIFE Vesta Brumitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. WW I	
17. INFORMANT Mrs Vesta Brumitt, Ironton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute hepatitis			INTERVAL BETWEEN ONSET AND DEATH 3 wks
DUE TO (b) Cirrhosis of liver			3 wks
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hypertrophied prostate gland			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 WORK <input type="checkbox"/> NOT WHILE 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>2-18-61</u> to <u>3-15-61</u> and last saw ^{her} him alive on <u>3-15-61</u> Death occurred at <u>11:15 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R-E. Harland M.D.</i>		22b. ADDRESS Ironton, Missouri	22c. DATE SIGNED 3-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Mem. Park	23d. LOCATION (City, town, or county) (State) Ironton, Mo.
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo <i>Arnel White</i>		25. DATE RECD. BY LOCAL REG. 3-18-61	26. REGISTRAR'S SIGNATURE <i>Mrs. Arnie Jones</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 23 1961

APR 25 1961

APR 18 1961

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 Amel J White

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.