OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-021553
STATE FILE NUMBER

AMENDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 49

FILED JUN 20 1961

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Greenwood — Length of stay in 1b: 20 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 150 Highway — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Greenwood — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 150 Highway — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John Middle Lewis Last Brummett
4. DATE OF DEATH: Month June Day 13 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/2/1902
9. AGE (last birthday): 59 — 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): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Radar Equipment
11. BIRTHPLACE (City and state or country): Butte, Mont.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: John C. Brummett
13b. MOTHER'S MAIDEN NAME: Frances Leaton
14. NAME OF HUSBAND OR WIFE: Junita Brummett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
17. INFORMANT: James Brummett — Address: Lee's Summit Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Crushed Chest. Fr Both
DUE TO (b): Arms. Contusion head
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One Car running Loose Struck
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 6-13-61 Pedestrian (Owner)
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
20f. CITY, TOWN, OR LOCATION: Greenwood — COUNTY: Jackson — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh A Owens Coroner
22b. ADDRESS: 152 Mission Station
22c. DATE SIGNED: 6-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/16/1961
23c. NAME OF CEMETERY OR CREMATORY: Lee's Summit Cemetery
23d. LOCATION (City, town, or county) (State): Lee's Summit Mo.

24. FUNERAL DIRECTOR: Langsford Funeral Home — ADDRESS: Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG.: 6-14-1961
26. REGISTRAR'S SIGNATURE: M. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

JUN 27 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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lees Summit

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.