

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037749

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 210 Primary Registration District No. \_\_\_\_\_ Registrar's No. 51

**FILED OCT 24 1961**

|  |  |   |   |  |   |
|--|--|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Mercer</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Mercer</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Princeton</b>  |  | Length of stay in 1b<br><b>58 years</b>   | c. CITY OR TOWN <b>Mercer</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Asbell Hospital</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Ica</b> Middle <b>Sophorina</b> Last <b>Brummett</b>   |  |   | 4. DATE OF DEATH<br>Month <b>Oct</b> Day <b>6</b> Year <b>1961</b>  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Febr 14, 1870</b>  | 9. AGE (last birthday)<br><b>91</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Mo</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Thomas Griffin</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Parlle Goodin</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Emmett Brummett</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>E. B. Brummett</b><br>Address <b>Mercer Mo.</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>  |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b>                                      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |   |   |  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |  |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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<br>COUNTY _____ STATE _____   |   |
| 21. I attended the deceased from <b>9-27-61</b> , to <b>10-6-61</b> and last saw her him alive on <b>10-6-61</b><br>Death occurred at <b>12:50 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Douglas S. Pearce D.O.</b>  |  |   | 22b. ADDRESS<br><b>Princeton, Mo.</b>   |  | 22c. DATE SIGNED<br><b>10-16-61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Oct. 8, 1961</b>       | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Early Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Mercer Mo.</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>Ames Greenlee</b>   |  | ADDRESS<br><b>Lineville Iowa</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-16-61</b>  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>                                       |

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*James L. ...*

Licensed Embalmer No. 3967

P. O. Address Linnville

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.