

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035731

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. Registrar's No. 115

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300
Rev. 4/59
1 0850
2 0850
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4 0
5 1
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7 0
8 2
9 443X
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12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED OCT 9 1962

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dixon Length of stay in 1b
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Dixon Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Loranzo Jackson Brumley
4. DATE OF DEATH Month Day Year
Sept. 25 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 8/9/1880 9. AGE (last birthday) 82
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) Overseer Retired
10b. KIND OF BUSINESS OR INDUSTRY Goodwill Industries
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S. A.

13a. FATHER'S NAME Josh Brumley 13b. MOTHER'S MAIDEN NAME Sarah Wells 14. NAME OF HUSBAND OR WIFE Elizabeth Brumley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
17. INFORMANT Mrs. Loranzo J. Brumley, Dixon, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE (a) Acute congestive myocardial failure
DUE TO (b) Chronic myocardial failure
DUE TO (c) Hypertension, Arteriosclerotic cardiac disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign prostatic hypertrophy, Chronic prostatitis
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.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-18-1957 to 9-25-1962 and last saw him alive on 9-25-1962
Death occurred at 5:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donley Gates, D. O. 22b. ADDRESS Dixon, Missouri 22c. DATE SIGNED 10-6-'62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/27/62 23c. NAME OF CEMETERY OR CREMATORY Hawkeye Cemetery 23d. LOCATION (City, town, or county) (State) Pulaski Co. Missouri

24. FUNERAL DIRECTOR ADDRESS Gilbert Fun. Home, Inc., Dixon, Mo. 25. DATE RECD. BY LOCAL REG. 9-28-62 26. REGISTRAR'S SIGNATURE

OCT 1 1962

STATE OF MISSOURI

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 Maurice E. Schurbaum

Licensed Embalmer No. 4505

P. O. Address Dist. 1, 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.