

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041354

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 183

FILED OCT 24 1962

VS 300
Rev. 4/59

1080
21080

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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Vernon b. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Length of stay in lb 35 yrs.	c. CITY OR TOWN Nevada, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1224 West Lee Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle W. Brundidge Last 			4. DATE OF DEATH Month 10 -Day 15 -Year 1962
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1880
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 7 Days 29	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 Retired	11. BIRTHPLACE (City and state or country) Dow City, Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Issac Brundidge	
13b. MOTHER'S MAIDEN NAME Polly Ann Hollonbeck		14. NAME OF HUSBAND OR WIFE Deceased Mable Brundidge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 	
17. INFORMANT Mrs. Dora McGee, Daughter, Missouri		Address Nevada,	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cholecystitis & Cholelithiasis, acute and chronic with common duct obstruction			INTERVAL BETWEEN ONSET AND DEATH 6 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 			1 Month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			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 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 Apr 1961 , to Oct 15, 1962 and last saw her/him alive on Oct 15, 1962		Death occurred at 9:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>James J. Goscoe M.D.</i>		22b. ADDRESS Moore Building, Nevada, Mo.	22c. DATE SIGNED 10-19-62
22d. BURIAL, CREMATION, REMOVAL (Specify) Burial	22e. DATE 10-18-1962	22f. NAME OF CEMETERY OR CREMATORY Moore Cemetery	22g. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri
24. FUNERAL DIRECTOR Hays Funeral Service, Inc.		25. DATE RECD. BY LOCAL REG. 10-20-1962	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>
ADDRESS Nevada, Missouri		(Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF KANSAS

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 Forest D. Cooper

Licensed Embalmer No. 5186

P. O. Address Fort Scott, Kansas

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.