

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-015795**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 122

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>		Length of stay in 1b <b>7 weeks</b>	c. CITY OR TOWN <b>Green Ridge</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Green Ridge</b>
3. NAME OF DECEASED (Type, or print) First <b>Nellie</b> Middle <b>Rae</b> Last <b>Brumble</b>		4. DATE OF DEATH Month <b>April</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/27/1892</b>
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>70</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. NAME OF HUSBAND OR WIFE <b>Charlie W. Brumble</b>	
13a. FATHER'S NAME <b>John Parker</b>		13b. MOTHER'S MAIDEN NAME <b>Alice (Unknown)</b>	
14. NAME OF DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		15. SOCIAL SECURITY NO. <b>Charlie W. Brumble</b>	
16. ADDRESS <b>Green Ridge, Mo</b>		17. INFORMANT <b>Charlie W. Brumble</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Collapse</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b>		<b>3 mos</b>	
DUE TO (c) <b>Carcinoma of Breast</b>		<b>1 yr</b>	
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. <input type="checkbox"/> Yes <input checked="" 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 <b>9:55</b> a.m. Month, Day, Year <b>2-23-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Windsor, Mo.</b> COUNTY <b>Henry</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>2-23-63</b> to <b>4-14-63</b> and last saw her alive on <b>4-14-63</b>		Death occurred at <b>9:55 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>William J. Smith</b> (Degree or title)		22b. ADDRESS <b>103 W. Colt Windsor, Mo.</b>	
22c. DATE SIGNED <b>4-15-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>4/16/1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Marsall, Missouri</b>		24. FUNERAL DIRECTOR <b>Clifford Gouge, Windsor, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>APRIL 16-1963</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

VS 300 Rev. 4/59

DATE AMENDED

1 **0421**

2 **0800**

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4 **1**

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11

12 **3-0**

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

10-015

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Permit Obtain

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3-0

4-15-63

(128)

**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 Clifford Houge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.