

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED DEC 7 1955

State File No. 36626

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>175</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Trenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>R.F. D</u> <span style="float:right">0400</span>			
3. NAME OF DECEASED (Type or Print) <u>Colonel Benton Brummitt</u>		a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH <u>Nov 22 1955</u> (Month) (Day) (Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Apr. 14, 1886</u> (last birthday) Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Thomas Brummitt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Curtis</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Brummitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.F.D</u> ADDRESS <u>Elizabeth Brummitt Trenton MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Spleen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2002</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Enlarged carcinoma Spleen</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>55</u> , to <u>Nov 22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 22</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Lucas M.D.</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>11/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coy Cemetery</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>11-27-55</u>		REGISTRAR'S SIGNATURE <u>Prune Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>David Blackburn</u>		ADDRESS <u>Livingston Co. MO</u>	

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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 *Harold L Roberts*.....

Licensed Embalmer No. *490*

P. O. Address *Trenton,*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.

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BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 175	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>146</u>		c. CITY OR TOWN <u>Trenton</u>		d. In Residence within limits of a city or incorporated town? <u>Yes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>R.F. D</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Colonel</u> b. (Middle) <u>Benton</u> c. (Last) <u>Brummitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, KIDNOWN, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Apr. 14, 1886</u>		9. AGE (in years) (Months) (Days) <u>69</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wineston Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Brummitt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Curtis</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Brummitt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Brummitt</u>		18. ADDRESS <u>Trenton MO</u>		19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>2002</u>	
MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Spleen</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. DATE OF OPERATION 4. MAJOR FINDINGS OF OPERATION <u>Enlarged Carcinomatous Spleen</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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23a. SIGNATURE (Degree or title) <u>Ethel Brummitt</u>		23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>11/23/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-27-55</u>		REGISTRAR'S SIGNATURE <u>Ernest Fair</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Wm. Blackmore</u>			