

THE DIVISION OF HEALTH OF MISSOURI  
FILED AUG 5 1949 STANDARD CERTIFICATE OF DEATH

State File No. 22763

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott 100	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee	
c. LENGTH OF STAY (in this place) 2 m		d. STREET ADDRESS (If rural, give location) 128 S Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Luka		b. (Middle) Lee	
		c. (Last) Brumley	
4. DATE OF DEATH (Month) (Day) (Year) July 24, 1949			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 10, 1883
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (State or foreign country) Nashville, Tenn.
		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Felix Cameron		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Opal Mammom		ADDRESS Chaffee, Mo	
18. NO 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) Coronary occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & renal disease  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No Operation	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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 July 10, 1949, to July 25, 1949, that I last saw the deceased alive on July 24, 1949 and that death occurred at 5:15 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. S. Brumley		23b. ADDRESS 2415 S. Main St. Chaffee, Mo	
23c. DATE SIGNED July 26, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-27-49	
24c. NAME OF CEMETERY OR CREMATORY Union Park		24d. LOCATION (City, town, or county) (State) Chaffee Mo	
DATE REC'D BY LOCAL REG. 7-26-49		REGISTRAR'S SIGNATURE G. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE Bistlinghoff Funeral Home		ADDRESS Chaffee Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16  
1  
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RECEIVED 8-1-49

Health Officer No. 4

File Number 849-101

Date Filed

MS FEB 28 1950

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 Student Embalmer

Signed Mamie Duplessieux

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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 this body is not embalmed, fact should be so stated above.