

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12439

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 444

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville <u>0272</u>	
c. LENGTH OF STAY (in this place) <u>7 Yrs.</u>		d. STREET ADDRESS (If rural, give location) 1107 E. Morgan St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home, 1107 E. Morgan.			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) McCloud c. (Last) Brummel			4. DATE OF DEATH (Month) (Day) (Year) May 3 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 22 1874		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Baker, Oregon.		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME James McCloud		13b. MOTHER'S MAIDEN NAME Unknown.		14. NAME OF HUSBAND OR WIFE Joseph L. Brummel.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alex vanRavenswaay, Boonville,	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral embolus		INTERVAL BETWEEN ONSET AND DEATH 2 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ulcer at Cardia of Stomach			
		DUE TO (c) Hiatus diaphragmatic hernia.			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION May 26 1952		19b. MAJOR FINDINGS OF OPERATION Diaphragmatic Hernia - 5400		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) (m.)		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 May 26 1952, to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 8 p.m. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alex van Ravenswaay, M.D.		23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED May 5, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 6 1952		24c. NAME OF CEMETERY OR CREMATORY Catholic	
				24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	

DATE REC'D BY LOCAL REG. 5-6-52		REGISTRAR'S SIGNATURE D. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 12 1952

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 _____

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.