

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8808**

APR 14 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **425**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 8117	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2205 Garfield Ave.		d. STREET ADDRESS (If rural, give location) 2205 Garfield Ave. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) Belle c. (Last) Brummitt			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1953		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH September 17, 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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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 (City and State or Foreign Country) Clay County, Missouri U	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Columbus O. Jesse	13b. MOTHER'S MAIDEN NAME Georgia Bridges	14. NAME OF HUSBAND OR WIFE H. Lee
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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 Mr. H. Lee Brummitt, 2205 Garfield	ADDRESS St. Joseph Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) Arteriosclerosis DUE TO (c) Myocarditis chronic		
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: 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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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22. I hereby certify that I attended the deceased from **Jan 25, 1953**, to **April 5, 1953**, that I last saw the deceased alive on **April 5, 1953**, and that death occurred at **2:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Collis Remondy M.D.	23b. ADDRESS 709 Park Street Bldg	23c. DATE SIGNED April 5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/9/1953	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.
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DATE REC'D BY LOCAL REG. April 9, 1953	REGISTRAR'S SIGNATURE Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Hester-Burman Funeral Home	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W E Edmiston

Licensed Embalmer No. H 7 9 1

P. O. Address 319 S. 10 St. Joseph

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.

Accepted, draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 8808-53

State of Missouri }
County of Wentworth } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 425

On this 17 day of December, 1957, before me appears Mr. H. L. Brummitt, who, upon his oath, states that the original record of ^{birth} death for Nora Belle Brummitt, died ^{born} April 5, 1953 in the State of Missouri, and which was filed at Jefferson City, Missouri on , 19 , should be corrected as follows:

Item No. should read
Instead of

Item No. should read
Instead of

Item No. 24e should read Crown Hill Cemetery
Instead of Excelsior Springs

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief HUSBAND
(SEAL) Affiant H. L. Brummitt Relationship.
2705 Garfield Ave St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 17 day of December, 1957

My Commission expires Aug. 23, 1960 Virginia S. Bortwright Notary Public.

- 2. An item already amended once by affidavit cannot be amended again by affidavit.
- 3. A surname is changed by court order or by adoption or legitimation procedures.

S- 8808