

REC'D JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20406

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marshall, Twp.		c. LENGTH OF STAY (in this place) 35 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marshall township		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles east Marshall			d. STREET ADDRESS (If rural, give location) 2 miles east Marshall		

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Fletcher	c. (Last) Brumble	4. DATE OF DEATH (Month) (Day) (Year) May 28th, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1863	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 8	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Osage Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Brumble	13b. MOTHER'S MAIDEN NAME Jane Carnes	14. NAME OF HUSBAND OR WIFE Theodocia R. Brumble
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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 Archie Brumble, Marshall, Mo.	ADDRESS
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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 646
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis		
	ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			10-

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 447X	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1948** to **May 28, 1953**, that I last saw the deceased alive on **5/27, 1953** and that death occurred at **10:55** a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS [Address]	23c. DATE SIGNED 5/29/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Concord cemetery	24d. LOCATION (City, town, or county) (State) Saline County, Missouri
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DATE REC'D BY LOCAL REG. 5-29-1953	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Campbell-Lewis Marshall Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0970
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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 _____
Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.