

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24501

State File No. ....

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FILED AUG 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 115

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

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Trenton, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Trenton, Mo.</b> <u>1402</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>105 East 4th.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>105 E. 4th</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter-</b>		b. (Middle) <b>- W -</b>	
c. (Last) <b>Brummitt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 - 18 - 53</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>5/14/1871</b>
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>Grundy County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>John Brummitt</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Loretta Brummitt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>L.D. Brummitt. Trenton, Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branchial Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Rectum</b> DUE TO (c) <b>with Metastases to liver</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>154X</b>	
19a. DATE OF OPERATION <b>7-12-1950</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Rectum - removed - colostomy done</b>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE SIGNED <b>7-20-53</b>	
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) (Minute)	
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 <b>1-21-</b> , 19 <b>50</b> , to <b>7-20-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7-12-</b> , 19 <b>53</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. J. Johnson</b>		23b. ADDRESS <b>Trenton, Mo.</b>	
23c. DATE SIGNED <b>7-20-53</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Maple Grove Cem.</b>	
23e. LOCATION (City, town, or county) (State) <b>Trenton, Mo.</b>		23f. DATE REC'D BY LOCAL REG. <b>7-21-53</b>	
23g. REGISTRAR'S SIGNATURE <b>L. D. Brummitt</b>		23h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Charles Depson Trenton</b>	

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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.....

*Charles Depoer*

Licensed Embalmer No. ....

*3109*

P. O. Address.....

*Keaton 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.