

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28462

State File No. ....

No. 300  
10.48

FILED AUG 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5516 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kaolin</u> <i>Kaolin</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>1001 Ann Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 miles west of Bellevue</u>		2239	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHELAN</u> b. (Middle) <u>BRUMETT</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 6 1876</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR (Months) (Days) <u>11 8</u>	IF UNDER 6 HRS. (Hours) (Mins.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>lumber</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jasper Brumett</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Littrell</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose Brumett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred Bell, Goodland Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of intestine</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
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 <u>153X</u>	
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) _____	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 <u>8-13</u> , 1953, to <u>8-14</u> , 1953, that I last saw the deceased alive on <u>8-13</u> , 1953, and that death occurred at <u>3:30A</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ben M. Bull</u>		23b. ADDRESS <u>M.D. Ironton, Mo.</u>	
23c. DATE SIGNED <u>8-15-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harbison Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Banner Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug 18-1953</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>129</u>	ADDRESS <u>White Funeral Home, Ironton Mo.</u>

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

*J. A. White*

Licensed Embalmer No. *4295*

P. O. Address

*Clinton, 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.**