

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4146

State File No. _____

No. 300
10.48

FILED MAR 5 1957

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 2311 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>Pilot Grove Twp</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
c. LENGTH OF STAY (If applicable place) <u>of life</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION		No. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>REGINA</u> b. (Middle) <u>JOHANNA</u> c. (Last) <u>BRUMMEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28, 1957</u>		
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Mar 11, 1877</u>		9. AGE (In years last birthday) <u>79</u>		if UNDER 1 YEAR: Months <u>11</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Grove, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Antone Blaska</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Fabendy</u>		14. NAME OF HUSBAND OR WIFE <u>Peter Brummel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Brummel</u> ADDRESS <u>Pilot Grove, Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic ^{heart} disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>			
		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		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) <u>4200</u>	
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 no attend, 1957, that I last saw the deceased alive on Feb 28, 1957, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Decker</u>		23b. ADDRESS <u>Carroll Booneville Mo</u>		23c. DATE SIGNED <u>3/1/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 2, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>	
24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays-Printer</u>		ADDRESS <u>Pilot Grove, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/1/57</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>			

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

381

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
Signature of Student Embalmer

Signed *Rayton G. Hooper*
Licensed Embalmer No. *3076*

P. O. Address *P.O. [unclear]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.