

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**15811**  
STATE FILE NUMBER

**FILED APR 22 1957**

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 65

Health,  
& Welfare  
& Public  
Service

S. 300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>R. F. D. No. 3 Slater</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbons</b>		d. STREET ADDRESS (If outside, give location) <b>Slater</b>	
Length of stay in lb <b>4 wks</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>First Russel Middle Last Brumitt</b>		4. DATE OF DEATH <b>Month April Day 13 Year 1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 28-1893</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		11. BIRTHPLACE (City and state or country) <b>Saline Co. Mo.</b>	
13. FATHER'S NAME <b>Jacob Brumitt</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
14. MOTHER'S MAIDEN NAME <b>Mary Ann Emerson</b>		17. INFORMANT Address <b>Otis Brumitt, Slater, Mo.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-22-9040</b>	
18. CAUSE OF DEATH [Enter only one cause in line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Reticulosum Cell Sarcoma.</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>unknown.</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>2000</b>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1956</b> to <b>April 13-57</b> and last saw her alive on <b>4-13-57</b> Death occurred at <b>2:30 a m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John R Lawrence</b>		22b. ADDRESS <b>Marshall, Mo.</b>	
22c. DATE SIGNED <b>4/15/57</b>			
23a. BY RIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/15/1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Slater, Mo.</b>	
24. FUNERAL DIRECTOR <b>Hill Brothers Slater</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-15-57</b>	
		26. REGISTRAR'S SIGNATURE <b>Cecil G. Read</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *A. C. Hill*.....

Licensed Embalmer No. *309*

P. O. Address *Slater*

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.