

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
2089

FILED JAN 14 1958

Registration District No. 231 Primary Registration District No. 5811 Registrar's No. 61

300
1-57

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery Twn		c. CITY OR TOWN Montgomery City Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS None	
3. NAME OF DECEASED (Type or print) Carl O. Brumagin		4. DATE OF DEATH Month Jan Day 2nd Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-18-1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		11. BIRTHPLACE (City and state or country) St Louis County Mo	9. AGE (In years last birthday) 6
13a. FATHER'S NAME Carl O. Brumagin		13b. MOTHER'S MAIDEN NAME Margrette Foun	14. NAME OF HUSBAND OR WIFE none
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. no	17. INFORMANT Carl O. Brumagin
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY. Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Jan. 1, 1958 to Jan. 2, 1958 and last saw ^{her} _{him} alive on Jan. 1, 1958 Death occurred at 5:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. H. Thompson DO</i>		22b. ADDRESS New Florence, Mo.	
22c. DATE SIGNED 1/4/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-4-1958	23c. NAME OF CEMETERY Montgomery City	23d. LOCATION (City, town, or county) (State) Montgomery City Mo
24. FUNERAL DIRECTOR <i>Carl Adams</i>		25. DATE RECD. BY LOCAL REG. 1-4-58	26. REGISTRAR'S SIGNATURE <i>Laura B Callaway</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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, ~~XXX~~ on the 2nd day of Jan 1958, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *C. W. Hopkins*
C. W. Hopkins

Licensed Embalmer No. I487
Montgomery City Mo
P. O. Address

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.