

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037385
STATE FILE NUMBER

Filed NOV 10 1958 Registration District No. _____ Primary Registration District No. 6-9-6-8 Registrar's No. 78

| | | | |
|--|---------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>PLATTE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARROLL TWP.</u> | | c. CITY OR TOWN <u>PLATTE CITY</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b <u>4 YRS.</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN MADISON BRUBECK</u> | | 4. DATE OF DEATH Month Day Year <u>Nov. 1, 1958</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W.H.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 15, 1880</u> |
| 9. AGE (In years last birthday) <u>77</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>FARMER (RETIRED)</u> | 11. BIRTHPLACE (City and state or country) <u>Valley Falls, Kansas</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>DAVID BRUBECK</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY STONE</u> |
| 14. NAME OF HUSBAND OR WIFE <u>MARY LEE TOWN</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>491-20-2958</u> |
| 17. INFORMANT Address <u>ORVILLE BRUBECK, PLATTE CITY, Mo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction Recurrent</u> DUE TO (b) <u>A.B.H.D. & Coronary Thrombosis</u> DUE TO (c) <u>4200</u> 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"/> | | 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 <u>12-57</u> to <u>11-1-58</u> and last saw ^{her} him alive on <u>10-29-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Manuel Ops M.D.</u> | | 22b. ADDRESS <u>Smithville, Mo.</u> | |
| 22c. DATE SIGNED <u>11-1-58</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) | |
| 23b. DATE <u>Nov. 3, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEMETERY</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>PLATTE CITY, Mo.</u> | | 24. FUNERAL DIRECTOR <u>ROLLINS & MITCHELL, PLATTE CITY, Mo.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>11-1-1958</u> | | 26. REGISTRAR'S SIGNATURE <u>B. Philip Rollins</u> | |

S. 300
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doctor, county, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 13 1958



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 Roland M. Gifford

Licensed Embalmer No. 4725

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