

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013734
STATE FILE NUMBER

ED APR 29 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 215

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GALENA 8150
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) 1020 ELM St
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN IRVIN BRUMBAUGH			4. DATE OF DEATH Month Day Year APRIL 16 1959			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-17-1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) Tulsa, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Brumbaugh		13b. MOTHER'S MAIDEN NAME Mollie Debolt		14. NAME OF HUSBAND OR WIFE Gerogia Brumbaugh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I		16. SOCIAL SECURITY NO. 515345150		17. INFORMANT Address Gerogia Brumbaugh Galena, Kansas		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction Myocardial Posterior		INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Insufficiency Coronary Artery	1 year
	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"/>

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 May 1957 to April 16 59 and last saw him alive on 4/16/59 Death occurred at 4:16 59 4:46 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Paul H. Gresham M.D.	22b. ADDRESS Galena, Kansas	22c. DATE SIGNED 4-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-19-1959	23c. NAME OF CEMETERY OR CREMATORY Lowell Cemetery	23d. LOCATION (City, town, or county) (State) R. R. Cherokee Co. Kan.
24. FUNERAL DIRECTOR Roy L. Derfelt	ADDRESS Galena Kansas	25. DATE RECD. BY LOCAL REG. 4-21-1959	26. REGISTRAR'S SIGNATURE Noor Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 16 1959

1959 MAY 8

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, , Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Roy P. Derfelt*

Licensed Embalmer No. *4945*

P. O. Address *Salina, Kansas*

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.