I DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 11 1959

59–024633
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Dent County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Norman TWP.
Length of stay in 1b: 4 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Norman Twp. Rt 2 Salem Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dent
c. CITY OR TOWN Rt. 2 Salem, Missouri
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS Rt.2 Salem, Mo. (If outside, give location) Norman TWP.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Daniel Middle Samuel Last Brundage
4. DATE OF DEATH: Month August Day 3, Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 4, 1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Ottawa Ill
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ed Brundage
13b. MOTHER'S MAIDEN NAME: Harriet Thompson
14. NAME OF HUSBAND OR WIFE: Ruth Loutheridge Brundage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ruth Loutheridge Brundage
Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
Certificate signed after death investigated by Sheriff at request of coroner.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Never seen alive to ____ and last saw her/him alive on ____
Death occurred at 9:15 am m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE M. M. Hart M.D. (Registrar) (Degree or title)
22b. ADDRESS Salem, Mo.
22c. DATE SIGNED 8/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 5, 1959
23c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cem.
23d. LOCATION (City, town, or county) (State): Salem, Missouri
24. FUNERAL DIRECTOR: SPENCER FUNERAL HOME, SALEM, MO.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 8/3/59
26. REGISTRAR'S SIGNATURE: M. M. Hart M.D. by AM

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.