

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

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758

-60-025877

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeKalb,		Length of stay in lb 34yrs	c. CITY OR TOWN DeKalb,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: _____		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Rural, Bloomington Twp		(If outside, give location) Mo Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Wayne Last Brumley			4. DATE OF DEATH Month July Day 10, Year 1960		
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 June 21, 1926	9. AGE (last birthday) 34	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) DeKalb, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Melvin Earl Brumley		13b. MOTHER'S MAIDEN NAME Iva Garton		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) yes WWIT		16. SOCIAL SECURITY NO. 497-32-4063	17. INFORMANT Ive Brumley, DeKalb, Mo Address _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Died to cerebral anoxia					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhage + fracture of Clavicle					1/2 hour
DUE TO (c) accidental scalp wound					1/2 hour
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of PART II of item 18.) Died in hospital - paralytic region		
20c. TIME OF INJURY 7:15 p.m.	Month, Day, Year July 10 1960				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION DeKalb	COUNTY Buchanan	STATE MO	
21. I attended the deceased from viewed body and last saw him alive on July 10-60 Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph S. Moore (Degree or title) Coroner			22b. ADDRESS 214 W. Park St. Joseph, Mo.		22c. DATE SIGNED July 12 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/13/60	23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	23d. LOCATION (City, town, or county) (State) DE Kalb, Mo		
24. FUNERAL DIRECTOR Joseph S. Moore		ADDRESS Joseph, Mo	25. DATE RECD. BY LOCAL REG. July 13, 1960	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell	

DOCUMENT

MEDICAL CERTIFICATION
S.P. Meluney, M.D.

BY AFFIDAVIT OF

