

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35043**

FILED NOV 4 1957

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>492</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>14 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> c. CITY OR TOWN <u>Lutesville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Rural Route # 1</u>			
3. NAME OF DECEASED (Type or Print) <u>Bernard F. Brummer</u>		a. (First) <u>Bernard</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Brummer</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1957</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 26, 1894</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leopold, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>Bernard Brummer</u>		13b. MOTHER'S MAIDEN NAME <u>Francis VanDoran</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Chapman Brummer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-3890885</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Deane Brummer, Lutesville, Mo.</u>		ADDRESS <u>_____</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic lymphatic leukemia -</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>a. Cause not known</u> DUE TO (c) <u>16. Bone marrow depression, severe anemia &amp; cardiac failure</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr. plus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 7th 1956</u> , to <u>Oct. 19th, 1957</u> , that I last saw the deceased alive on <u>10-18th</u> , 19 <u>57</u> , and that death occurred at <u>3:20a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. E. Eates M.D.</u>		23b. ADDRESS <u>Cape Gir. Mo. 714 Broadway</u>		23c. DATE SIGNED <u>10-29-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-21-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Mem</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-30-57</u>		REGISTRAR'S SIGNATURE <u>O. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deane Brummer</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 21 1962

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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.....

*R. O. Laine*

Licensed Embalmer No. *45-38*

P. O. Address *Jackson M.*

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.