

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9579 Registrar's No. 61

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Doyle</u> b. (Middle) <u>Galentine</u> c. (Last) <u>Brownfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2/11/1907</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>oil station attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>oil station</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Albert S. Brownfield</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Vera Doyle</u>	14. NAME OF HUSBAND OR WIFE <u>Doris</u>
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15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Harrie Vera Brownfield</u>	ADDRESS <u>Madison, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial Hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331T</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar. 4, 1949, to Mar. 12, 1949, that I last saw the deceased alive on Mar. 12, 1949, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Linn</u> (Degree of title) <u>M.D.</u>	23b. ADDRESS <u>Waverly, Missouri</u>	23c. DATE SIGNED <u>Mar 18, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Madison, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 14-49</u>	REGISTRAR'S SIGNATURE <u>Paul H. Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Williams</u>	ADDRESS <u>Madison, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 7 1949

RECEIVED

District Health Officer No. 10

District File Number 349504

Date Filed MAR 21 1949

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.

Signed Mr. Fred A. Thompson

Signed _____
Student Embalmer

Licensed Embalmer No. 3282

P. O. Address Madison 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 this body is not embalmed, fact should be so stated above.