

FILED JUN 6 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16507

BIRTH NO. _____ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 3038 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u> <u>5-6</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>522 Linn St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>522 Linn St</u>		e. STREET ADDRESS (If rural, give location) <u>522 Linn St</u>	

3. NAME OF DECEASED (Type or Print) <u>GERTRUDE C BROWNEE</u>			4. DATE OF DEATH Month (Day) (Year) <u>May-26-1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Jan-23-1868</u>		9. AGE (In years last birthday) <u>81</u> Months <u>4</u> Days <u>3</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Aurora Ill</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Samuel E Bronce</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Marlett</u>		14. NAME OF HUSBAND OR WIFE <u>Richard C Brownee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellis Brownee Brookfield Mo</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>Serile Dementia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Central + parietal - 2 cuts -</u>			
		DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia Terminal</u>			<u>H70!</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? 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) (Min.) _____		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 10-4, 1948, to 5-26, 1949, that I last saw the deceased alive on 5-25, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ervin T. Olson</u> (Degree or title) <u>M.P.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>5-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	

DATE REC'D BY LOCAL REG. <u>May 27-49</u>		REGISTRAR'S SIGNATURE <u>M. B. Edwards</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill Funeral Home Brookfield Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
58
2

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
Student Embalmer

Signed J. R. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.