

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19040

BIRTH NO. _____ REG. DIST. NO. 3 24 PRIMARY REG. DIST. NO. 6884 Registrar's No. 95

0970

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Copper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Blackwater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pilot Grove</u>	
c. LENGTH OF STAY (In this place) <u>2 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Nelson, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>EARNEST</u> c. (Last) <u>BROWNFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 14, 1875</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR (Months) (Days) <u>- -</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Abraham Brownfield</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Koldie</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Brownfield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kelly Brownfield - Pilot Grove, Mo</u> ADDRESS <u>(See back)</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Epilepsy</u> DUE TO (c) <u>Hypertension</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</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) (m.)	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 October, 1948, to May, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. T. Humphreys M.D.</u>		23b. ADDRESS <u>Donorville, Mo</u>		23c. DATE SIGNED <u>May 9 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Cemetery</u>	24d. LOCATION (City, Town, or county) (State) <u>Pilot Grove Mo.</u>		
25a. REC'D BY LOCAL REG. <u>May 11 1950</u>	25b. REGISTRAR'S SIGNATURE <u>Sidney F. Graef</u> 385		25c. FUNERAL DIRECTOR'S SIGNATURE <u>Hays - Painter</u> ADDRESS <u>Pilot Grove, Mo</u>		

RECEIVED MAY 15
District Health Officer
District File Number
Date Filed 5/16/50

Handwritten initials

SEP 20 1950

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 *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove, 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.