

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13199**

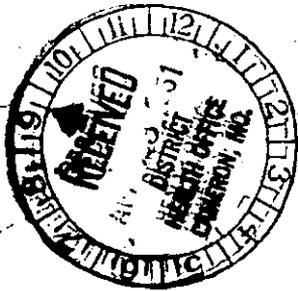
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>47</u>			
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Livingston</u>					
b. CITY OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>50 yr</u>		c. CITY OR TOWN <u>Chillicothe Mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 Vine</u>				d. STREET ADDRESS (If rural, give location) <u>904 Vine 0592</u>					
3. NAME OF DECEASED (Type or Print) <u>Josephine</u>			a. (First)		b. (Middle) <u>Brownfield</u>		c. (Last)		
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>17</u>		(Year) <u>51</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March-31-1879</u>			
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>0</u>		11. DAYS <u>16</u>		12. HOURS <u></u> MIN. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (State or foreign country) <u>Landana</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>William</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Shirley Brownfield</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carol M. ...</u> ADDRESS <u>Chillicothe</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Sclerosis Cerebra</u>				DUE TO (b) <u></u>					
ANTECEDENT CAUSES				DUE TO (c) <u></u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				II. OTHER SIGNIFICANT CONDITIONS <u>Hankinsons Disease</u>				8 mo	
Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>334x</u>	
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 <u>June 1, 1950</u> , to <u>Apr. 17, 1951</u> , that I last saw the deceased alive on <u>April 17, 1951</u> , and that death occurred at <u>6 1/2</u> m., from the causes and on the date stated above.									
23. SIGNATURE <u>James C. ...</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Chillicothe</u>		23c. DATE SIGNED <u>4/18/51</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edge wood</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>			
DATE REC'D BY LOCAL REG. <u>4/18/51</u>		REGISTRAR'S SIGNATURE <u>James B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barbara ...</u> ADDRESS <u>Chillicothe Mo</u>					



JUN 29 1954

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 _____

C. Beckett

Licensed Embalmer No. 3229

P. O. Address Cheltenham

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.