

5. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27330

State File No. ....

FILED AUG 24 1951

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>103</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0480</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Prarie</u>		c. LENGTH OF STAY (In this place) <u>5 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prarie</u> <u>0480</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles E. Lees Summit</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles E. Lees Summit</u> <u>0</u>					
3. NAME OF DECEASED a. (First) <u>Charles</u> (Type or Print)			b. (Middle) <u>Wilson</u>		c. (Last) <u>Brownfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 30 1951</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>6-13-1867</u>		9. AGE (In years last birthday) <u>84</u> If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____	
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			11. BIRTHPLACE (State or foreign country) <u>Manchester Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Brownfield</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Wade</u>			14. NAME OF HUSBAND OR WIFE <u>Eliza Brownfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never/known) (If yes, give war or date of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allen Brownfield Pleasasant Hill 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensios</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>4 yrs</u> <u>4 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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>May 22, 1948</u> , to <u>July 30, 1951</u> , that I last saw the deceased alive on <u>July 30, 1951</u> , and that death occurred at <u>11:45 A.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (In ink) <u>Christ R. Miller MD</u>				23b. ADDRESS <u>Lees Summit Mo</u>		23c. DATE SIGNED <u>7/31/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lees Summit Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-1-51</u>		REGISTRAR'S SIGNATURE <u>Edward C. Carloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen Brownfield Pleasasant Hill Mo</u>					

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

AUG 22 RECD

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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 .....  
Student Embalmer

Signed William L. Anderson

Licensed Embalmer No. 4674

P. O. Address Pleasant Hill, 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.