

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24369  
2980

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			c. LENGTH OF STAY (in this place) <u>25 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			<u>39 2/3</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>833 East 72nd. Street</u>				d. STREET ADDRESS (If rural, give location) <u>833 East 72nd. Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OPAL</u>		b. (Middle) <u>EARL</u>		c. (Last) <u>BROWNFIELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct. 2, 1898</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASST. VICE-PRES.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. BANK &amp; TRUST CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIAM BROWNFIELD</u>			13b. MOTHER'S MAIDEN NAME <u>EDITH BROWNFIELD</u>		14. NAME OF HUSBAND OR WIFE <u>EDITH BROWNFIELD</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EDITH BROWNFIELD - 833 E. 72nd. St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks.</u> ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> <u>5 weeks.</u> DUE TO (c) <u>Coronary Sclerosis</u> <u>1 year.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11201</u>					INTERVAL BETWEEN ONSET AND DEATH
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)		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>5/20</u> , 19 <u>52</u> , to <u>6/29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/29</u> , 19 <u>52</u> , and that death occurred at <u>5:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P. L. Byers</u> (Print name or title)				23b. ADDRESS <u>M. D. O 4635 Wyandotte, K.C. 2 Mo.</u>		23c. DATE SIGNED <u>7/1/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>MADISON MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>7-1-52</u>		REGISTRAR'S SIGNATURE <u>R. Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; MC CLURE * KANSAS CITY, MO.</u>			

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

*See Statement p. 28  
315 products for 7000*

**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. A. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. C. 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.