

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32759

State File No.

FILED OCT 14 1953

BIRTH NO.		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Sh. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Sh. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0438</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cleary Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rlice</u> b. (Middle) <u>Gmanda</u> c. (Last) <u>Brownfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5-53</u>				
5. SEX <u>2</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 4, 1888</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Month <u>2</u> Days <u>7</u>	IF UNDER 10 HRS. Hour <u>1</u> Min.
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		11. BIRTHPLACE (State or foreign country) <u>Montrose Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Henry Carboan</u>		13b. MOTHER'S MAIDEN NAME <u>JANNIE TETER</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. Brownfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas Brownfield</u> ADDRESS <u>Appleton City Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing 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) <u>331X</u>		21f. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from <u>5 Oct, 1953</u> , to <u>6 Oct, 1953</u> , that I last saw the deceased alive on <u>5 Oct, 1953</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. T. Cleary M.D.</u>				23b. ADDRESS <u>Appleton City</u>		23c. DATE SIGNED <u>6 Oct 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Chas Arney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osceola Echols</u>		ADDRESS <u>Appleton City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Oscar Eckhoff

Signed.....
Student Embalmer

Licensed Embalmer No. 3942

P. O. Address Appleton City,

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.