

STANDARD CERTIFICATE OF DEATH

State File No. **19682**

FILED JUL 14 1955

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4428** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Pulaski.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Richland, Mo		c. CITY OR TOWN Richland, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) _____		e. STREET ADDRESS (If rural, give location) None.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: None.			

3. NAME OF DECEASED (Type or Print) a. (First) Edward. b. (Middle) Marcus c. (Last) Brownfield			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1955		
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH May 15, 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Brownfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Riley Brownfield		13b. MOTHER'S MAIDEN NAME Angeline Victoria Cook		14. NAME OF HUSBAND OR WIFE Francis Brownfield.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY 491-05-3950		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Krebs Springfield, Mo	

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 1325 East Portland INTERVAL BETWEEN ONSET AND DEATH Instant		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Maceration of Heart and lungs		DUE TO (b) Shotgun wound in chest. Left side		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		_____		

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) Suicide.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E 976 X	
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 ~~for~~ on **7/1** 19**55** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:15 a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] County Coroner.		23b. ADDRESS Richland, Missouri		23c. DATE SIGNED 7/2/55	
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24a. BURIAL, CREMATION, OR DISPOSAL (Specify) 1311		24b. DATE 7/3/55		24c. NAME OF CEMETERY OR CREMATORY OakLawn Cemetery		24d. LOCATION (City, town, or county) (State) Richland, Missouri	
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DATE REC'D BY LOCAL REG. 7-3-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL HOME OR ADDRESS Hedges Funeral Home Inc. Richland,	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 7-9-55
File Number
Puraski County Health Officer
RECEIVED 7-3-55

JUL 22 1955

JAN 12 1956

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.....
Signature of Student Embalmer

Signed *Clarence D. Moore*

Licensed Embalmer No. 4836

P. O. Address *Waynesville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.