

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5799

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 305-2 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia, Mo.	c. LENGTH OF STAY (In this place) 23 hours	c. CITY OR TOWN Green Ridge	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) 0800 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Ward	b. (Middle)	c. (Last) BROWNFIELD	(Month) Mar.	(Day) 4,	(Year) 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 17, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Beaman Mo. Pettis County		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Ruben M. Brownfield	13b. MOTHER'S MAIDEN NAME Ida Thomas	14. NAME OF HUSBAND OR WIFE Mrs. Rosalee Brownfield
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dennis Brownfield	ADDRESS Green Ridge, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis DUE TO (c) Rheumatic Heart Disease		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2 March, 1956 to 4 March, 1956, that I last saw the deceased alive on 3 March, 1956, and that death occurred at 1:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE Donald C. Pinter M.D.	(Degree or title)	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 5 March 1956
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 6, 1956	24c. NAME OF CEMETERY OR CREMATORY Green Ridge	24d. LOCATION (City, town, or county) (State) Green Ridge, Mo.
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DATE REC'D BY LOCAL REG. 3-5-56	REGISTRAR'S SIGNATURE Laurie W. ...	25. FUNERAL DIRECTOR'S SIGNATURE Glen E. Heck	ADDRESS Funeral Home Green Ridge, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Glen E. Heck

Licensed Embalmer No. *400*

P. O. Address *Green Bay*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.