

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16581

BIRTH NO.		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY OR TOWN <u>Boonville 2nd</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>		c. CITY OR TOWN <u>Pilot Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0210 1 mile South of Pilot Grove</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK O. BROWNFIELD</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April 16, 1869</u>	
9. AGE (In years) <u>88</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>		12. HOURS <u>0</u>	
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 <u>same</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Grove, Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			
13a. FATHER'S NAME <u>Samuel Brownfield</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Johnson</u>			
14. NAME OF HUSBAND OR WIFE <u>Emma Rhine Brownfield</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>9030 20</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Howard Brownfield</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Fracture Left Hip</u> DUE TO (b) <u>5 days</u> DUE TO (c) <u>5 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>9030 20</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Boonville</u> (COUNTY) <u>Cooper</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 11, 1957</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in floor</u>			
22. I hereby certify that I attended the deceased from <u>5-15-</u> , 19 <u>57</u> , to <u>5-16-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-16-</u> , 19 <u>57</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>TC Becker M.D.</u>		23b. ADDRESS <u>Boonville MO</u>		23c. DATE SIGNED <u>5-18-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Ceme</u>			
24d. LOCATION (City, town, or county) <u>Pilot Grove MO</u>		24e. LOCATION (City, town, or county) <u>Pilot Grove MO</u>		24f. LOCATION (City, town, or county) <u>Pilot Grove MO</u>			
DATE REC'D BY LOCAL REG. <u>5/18/57</u>		REGISTRAR'S SIGNATURE <u>Dr. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hunter</u>			
25. FUNERAL DIRECTOR'S ADDRESS <u>Pilot Grove MO</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Pilot Grove MO</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Pilot Grove MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Robert L. Painter

Licensed Embalmer No. *4069*

P. O. Address *Phil. Brown*

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.