

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033768

STATE FILE NUMBER

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 295

FILED SEP 25 1961

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sedalia

Length of stay in 1b

10 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Mo

b. COUNTY

Pettis

c. CITY
OR TOWN SedaliaInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2409 W. Kay

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Edith Dale Brownell4. DATE
OF DEATHMonth Day Year
Sept. 16, 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-15-87

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

3 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Red Oak, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Arthur Ernest Rice

13b. MOTHER'S MAIDEN NAME

Lavinia Kerns

14. NAME OF HUSBAND OR WIFE

Dr. Brownell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, now or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

499-18-0297

17. INFORMANT

Mrs. Lula Sevope - 505 W. 11

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malnutrition

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Extreme Senility

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/3/60 to 9/16/61 and last saw her alive on 9/16/61
Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

101 1/2 S. Ohio

22c. DATE SIGNED

9/18/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Sept. 19, 1961

23c. NAME OF CEMETERY OR CREMATORY

Smithton

23d. LOCATION (City, town, or county)

Smithton, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin Bros - 519 S. Ohio

25. DATE REC'D. BY LOCAL REG.

9-18-1961

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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

K.P.M. Cary

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.