

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-023139

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 101

FILED JUL - 6 1965

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Boonville</i>		c. CITY OR TOWN <i>Pilot Grove</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Joseph Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>1 mile west</i>	

3. NAME OF DECEASED (Type or print) <i>DEE F. BROWNFIELD</i>		4. DATE OF DEATH Month <i>June</i> Day <i>29</i> Year <i>1965</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 28, 1901</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTHPLACE (City and state or country) <i>Pilot Grove, MO</i>
13a. FATHER'S NAME <i>Curry Brownfield</i>		13b. MOTHER'S MAIDEN NAME <i>Effie Tally</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>446-72-8596</i>	
17. INFORMANT <i>Mary Brownfield</i>		18. NAME OF HUSBAND OR WIFE <i>Mary Brownfield</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the vocal cords with generalized metastasis.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>7 months.</i>
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>4:30</i> a.m. <i>PM</i> Month, Day, Year <i>June 26, 1965</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Pilot Grove, MO</i>

21. I attended the deceased from <i>June 26, 1965</i> to <i>June 29, 1965</i> and last saw her/him alive on <i>June 29, 1965</i> Death occurred at <i>4:30 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>W. Hays Painter M.D.</i>	22b. ADDRESS <i>329 Main, Boonville, Mo.</i>	22c. DATE SIGNED <i>7/1/65</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>7/1/65</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pilot Grove Ceme</i>	23d. LOCATION (City, town, or county) (State) <i>Pilot Grove, MO</i>
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24. FUNERAL DIRECTOR <i>HAYS - PAINTER</i>	25. DATE RECD. BY LOCAL REG. <i>7-1-65</i>	26. REGISTRAR'S SIGNATURE <i>W. Hays Painter</i>
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PILOT GROVE, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

INSTEAD OF

DATE AMENDED

VS 300  
Rev. 4/59

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JUL 22 1965

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STATEMENT BY LICENSED EMBALMER

2-1

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 Pilot Grove, Mo

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.