

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

388877

State File No. 248

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5504		Registrar's No. 5501			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY Henry		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Big Creek Township		a. STATE Mo		b. COUNTY Henry			
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Big Creek near Chilhowee		d. STREET ADDRESS (If rural, give location) 0420		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Kate Brown Home				d. STREET ADDRESS (If rural, give location) 0420					
3. NAME OF DECEASED (Type or Print) Kate			a. (First) Kate			b. (Middle) Brownfield			
c. (Last) Brownfield			4. DATE OF DEATH 11 13 1953		(Month) (Day) (Year)				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Mar 1 1878			
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 9		Days 12		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) Calhoun Mo			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John P Legg		13b. MOTHER'S MAIDEN NAME Mary Links		14. NAME OF HUSBAND OR WIFE Walter Brownfield		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Walter Brownfield			ADDRESS Chilhowee Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				II. OTHER SIGNIFICANT CONDITIONS -				30 min	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Mitral Regurgitation 2 yrs.	
DUE TO (c)				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 from 10:26 1953 to 11-13 1953, that I last saw the deceased alive on Sep 15 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE J. Powell (Degree or title)				23b. ADDRESS W. Clinton Mo				23c. DATE SIGNED 11-14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-15-53		24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery		24d. LOCATION (City, town, or county) (State) Calhoun Mo			
DATE REC'D BY LOCAL REG NOV-15-53		REGISTRAR'S SIGNATURE Florence Adams		422		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. A. Housey Calhoun Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0420

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert L. Dunning

Signed.....
Student Embalmer

Licensed Embalmer No. 4710

P. O. Address Clinton MD

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 this body is not embalmed, fact should be so stated above.