

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041899

FILED VS NOV 23 1960

149

1002

5520

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

IDED

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| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Jackson | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | a. STATE Missouri | | b. COUNTY Pettis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION enroute to Research Hosp on Paseo | | Length of stay in lb 30 Minutes | | c. CITY OR TOWN Green Ridge | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Dorothy May Brownfield | | 4. DATE OF DEATH November 1, 1960 | | 5. SEX female | | 6. COLOR OR RACE white | |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 8-31-1921 | | 9. AGE (last birthday) 39 | | IF UNDER 1 YEAR IF UNDER 24 HR | |
| 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 (City and state or country) Pettis County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. | |
| 13a. FATHER'S NAME Grover Hampton | | 13b. MOTHER'S MAIDEN NAME Virgie Thompson | | 14. NAME OF HUSBAND OR WIFE Clifford A. Brownfield | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Clifford A. Brownfield, Green Ridge, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute cardiac failure with pulmonary edema | | | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs. | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) congenital intra atrial septum defect | | | | congenital | | | |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m. | | 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 COUNTY STATE | |
| 21. I attended the deceased from Oct. 31 1960 to 11-1-60 and last saw her alive on Nov. 1, 1960 | | | | Death occurred at 5P. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) David R. Edwards MD | | 22b. ADDRESS Sedalia, Mo. | | 22c. DATE SIGNED 11-2-60 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 11-3-60 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 23d. LOCATION (City, town, or county) (State) Sedalia, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Duane Ewing 7th. & Osage Sedalia, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-2-60 | | 26. REGISTRAR'S SIGNATURE H. L. Dwyer | | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF David R. Edwards

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Sedalia 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.