

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 67

STATE FILE NUMBER

**FILED 029 65**

**0010557**

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
Rev. 4/59		
1 <u>0425</u>		
2 <u>0420</u>		
3		
4 <u>0</u>		
5 <u>2</u>		
6		
7 <u>20</u>		
8 <u>20</u>		
9 <u>4/9/XF</u>		
10		
11		
12 <u>2-2</u>		
13 <u>1-0</u>		
INSTEAD OF		
DOCUMENT		
MEDICAL CERTIFICATION		
BY AFFIDAVIT OF		
SHOULD READ		
ITEM NO.		

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>24 days</u>	c. CITY OR TOWN <u>Blainstoun</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route #1</u>
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Arthur</u> Last <u>Brownfield</u>		4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1965</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/22/1881</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>Retired</u>	9. AGE (last birthday) <u>83</u>
13a. FATHER'S NAME <u>Isaac Brownfield</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Gourley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-42-5974</u>	
11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
14. NAME OF HUSBAND OR WIFE <u>Kate Legg Brownfield</u>		17. INFORMANT <u>Jake Brownfield, Blainstoun, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRONCHIAL pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Inanition</u> DUE TO (c) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 wks</u> <u>—</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fracture - L. femoral neck</u>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell out of bed</u>	
20c. TIME OF INJURY Hour <u>10:30</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Mbth, Day, Year <u>3/6/65</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	20f. CITY, TOWN, OR LOCATION <u>Clinton</u>	COUNTY <u>Henry</u>
21. I attended the deceased from <u>2-24</u> to <u>3-21-65</u> and last saw him alive on <u>3-21-65</u> Death occurred at <u>1:45 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Clinton, Missouri</u>	22c. DATE SIGNED <u>3/21/65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/23/1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun</u>	23d. LOCATION (City, town, or county) <u>Calhoun, Missouri.</u>
24. FUNERAL DIRECTOR <u>Cook Funeral Home, Chilhowee, Mo....</u>		25. DATE RECD. BY LOCAL REG. <u>3-22-65</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Begins</u>

10-10-65

3-22-65

10-10-65  
3-22-65  
MAR  
21

Permit Obtained 3-22-65 (A.B.)

**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 J. Wood

Licensed Embalmer No. 4335

P. O. Address Chilhowey 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.