

FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1930

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3066		Registrar's No. One	
1. PLACE OF DEATH a. COUNTY <u>Monticau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Monticau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rathan Sanitarium U</u>				d. STREET ADDRESS (If rural, give location) <u>403 East Howard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>		b. (Middle) <u>Sergia</u>		c. (Last) <u>Brownfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 6, 1899</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired school teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>California, Mo. U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>George P. Stegner</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Weber</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Brownfield</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George P. Stegner</u>		ADDRESS <u>California Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>17</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Radiation & 2 Ray June 1947. Biopsy Carcinoma.</u>				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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 1947, to <u>Jan 8</u> , 1949, that I last saw the deceased alive on <u>Jan 7</u> , 1949, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edgar A. Kibbs M.D. U</u>				23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>1/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marion</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-8-48</u>		REGISTRAR'S SIGNATURE <u>H.R. Pologay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
JAN 19 1949
Date Filed

SEP 5 1957

FEB 11 1958

FEB 28 1949

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.

Signed _____

A. E. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. *2351*

P. O. Address *California, 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 this body is not embalmed, fact should be so stated above.