

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **40088**

FILED JAN: 7 1950

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

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>63</u>		
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fairfax</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty Twp.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>North of Mound City</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Marion</u> c. (Last) <u>Browning</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 7 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 21, 1903</u>		
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Sect. Hand</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (State or foreign country) <u>Mound City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Montgomery C. Browning</u>			13b. MOTHER'S MAIDEN NAME <u>Cardelia A. Gillis</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>539-14-3559</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Andes</u> ADDRESS <u>Mound City, 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>Metastatic Carcinoma of Esophagus</u> ANTECEDENT CAUSES Morbidity 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>150X</u>						
19a. DATE OF OPERATION <u>11-30-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic infiltration of liver and abdominal nodes.</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) (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 <u>Nov. 27, 1949</u> , to <u>Dec 7, 1949</u> , that I last saw the deceased alive on <u>Dec 7, 1949</u> , and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Paul W. Murgavoe, M.D. (M)</u>				23b. ADDRESS <u>Fairfax, Missouri</u>		23c. DATE SIGNED <u>12-8-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-8-49</u>		REGISTRAR'S SIGNATURE <u>Beth Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Campbell</u> ADDRESS <u>Mound City, Mo.</u>				

(Licensed Embalmer's Statement of Reverse Side)

RECEIVED



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 _____

James H. Crawford
working under my personal supervision.

Student Embalmer No. 352

Signed *James H. Crawford*
Student Embalmer

Signed *H. Crawford*

Licensed Embalmer No. 1824

P. O. Address *Maund City 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.